

VENDOR BATCH TRANSMITTAL FORM

State of Ohio Department of Health • WIC Program Vendor Batch Transmittal

HEA 4456 4/09	Date received at processor	Batch Item Count	Batch Dollar Amount	No.	Vendor name
		1.			Vendor address
		2.			
		3.			
		4.			
	5.				
	Vendor Federal Tax ID	6.			
		7.			
		8.			
		9.			
		10.			
		11.			
		12.			
Date	13.				
	14.				
	15.				
	16.				
	17.				
	Total	Total			

0587.13

Processor Copy (1)