FRUIT AND VEGETABLE VOUCHER

55536486

OHIO DEPARTMENT OF HEALTH

SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC)

SEQUENCE #	WIC ID #	PARTICIPANT NAME	PACKAGE	AGENCY/SITE
55536486	499-0000485	SUZANN ZZICK	ZZZZZ 1	*****

NO SUBSTITUTIONS

Fruit and Vegetable Voucher
$6.00

Purchase amount over $6.00
Is to be paid by the participant

# of items

NOT TO EXCEED	FIRST DATE OF USE
*******	MAY/07/09
ACTUAL AMOUNT OF SALE	TRANSACTION DATE
.	/ /
WIC VENDOR STAMP HERE	LAST DATE OF USE
	MAY/31/09

PAYMENT WILL BE DENIED WITHOUT WIC VENDOR STAMP HERE

VENDOR MUST SUBMIT FOOD INSTRUMENT WITHIN 30 DAYS OF THE LAST DATE OF USE

SIGNATURE OF PARTICIPANT OR ALTERNATE SHOPPER

NOT NEGOTIABLE EXCEPT BY CONTRACTED VENDORS. THE RETAIL TOTAL COST FOR THE AUTHORIZED FOOD ITEMS ACTUALLY PROVIDED TO THE PARTICIPANT MUST BE ENTERED IN THE ACTUAL AMOUNT OF SALE BLOCK.

HEA 4402 (Rev. 7/04)

⑈55536486⑈

VENDOR INFORMATION
(RUBBER STAMP MAY BE USED)

Name:

Address:

VENDOR FED. TAX ID

IMPROPER USE OF THIS COUPON MAY RESULT IN STATE AND FEDERAL PROSECUTION.

★ TO VENDOR: COUPON VOID IF: ★

1. Accepted from participant before first date of use or after last date of use.
2. Coupon not signed.
3. Required information on coupon not complete: Number of items, actual amount of sale, transaction date, fed. tax ID, name, and address.

★ WIC ELIGIBLE FOODS ★

For specific foods, refer to the most recent WIC Authorized Foods List.