

STATE OF LOUISIANA DHH, OPH, WIC PROGRAM

5144131	99621000339	Mom FullyBF	B	4	996
FAMILY ID	PHAME ID	PARTICIPANT NAME	TYPE	SEQ #	SITE #
QUANTITY	FOOD DESCRIPTION (valid for payment for specific food items in quantities below)		VALID ONLY AT VENDORS WITH WIC CONTRACT VENDOR MUST ACCEPT ONLY DURING		
	Max Value \$10 ***** Fresh Fruits and/or Veg. Only May Pay Difference Over Value No Change Given VOID		1101685380		
			JUL 2009 *07*		
			Vendor must clearly record authorization number below and deposit within 30 days of last valid date, or draft will not be honored.		
			Pay to the order of WIC Vendor No.:		
			VENDOR'S NUMBER		
			Issued To: _____ Signature		
			Food Received By: _____ (MUST MATCH WIC FOLDER SIGNATURE)		
PAYABLE THROUGH FSMC AN AFFILIATE OF SECURITY STATE BANK - HOWARD LAKE, MN 55349 75-1248/919 ACT.#804412					

⑈ 1101685380 ⑈ ⑆091912482⑆ 804412⑈

STATE OF LOUISIANA DHH, OPH, WIC PROGRAM

5144131	99621000339	Mom FullyBF	B	1	996
FAMILY ID	PHAME ID	PARTICIPANT NAME	TYPE	SEQ #	SITE #
QUANTITY	FOOD DESCRIPTION (valid for payment for specific food items in quantities below)		VALID ONLY AT VENDORS WITH WIC CONTRACT VENDOR MUST ACCEPT ONLY DURING		
1	Doz Eggs		1101685390		
2	6-oz cn Pink Salmon OR		AUG 2009 *08*		
2	5-6 oz cn Tuna		Vendor must clearly record authorization number below and deposit within 30 days of last valid date, or draft will not be honored.		
1	12-oz cn Frozen Juice		Pay to the order of WIC Vendor No.:		
1	18 oz Peanut Butter		VENDOR'S NUMBER		
4	1/2 Gal 8th Cont Soy Orig Flavor		Issued To: _____ Signature		
1	Natures Own SF 100% Whole Wht OR		Food Received By: _____ (MUST MATCH WIC FOLDER SIGNATURE)		
1	Riceland Brown Rice-Long Cook				
	VOID				
PAYABLE THROUGH FSMC AN AFFILIATE OF SECURITY STATE BANK - HOWARD LAKE, MN 55349 75-1248/919 ACT.#804412					

⑈ 1101685390 ⑈ ⑆091912482⑆ 804412⑈

STATE OF LOUISIANA DHH, OPH, WIC PROGRAM

5144131	99621000339	Mom FullyBF	B	2	996
FAMILY ID	PHAME ID	PARTICIPANT NAME	TYPE	SEQ #	SITE #
QUANTITY	FOOD DESCRIPTION (valid for payment for specific food items in quantities below)		VALID ONLY AT VENDORS WITH WIC CONTRACT VENDOR MUST ACCEPT ONLY DURING		
1	Doz Eggs		1101685400		
2	6-oz cn Pink Salmon OR		AUG 2009 *08*		
2	5-6 oz cn Tuna		Vendor must clearly record authorization number below and deposit within 30 days of last valid date, or draft will not be honored.		
1	12-oz cn Frozen Juice		Pay to the order of WIC Vendor No.:		
4	1/2 Gal 8th Cont Soy Orig Flavor		VENDOR'S NUMBER		
	VOID		Issued To: _____ Signature		
			Food Received By: _____ (MUST MATCH WIC FOLDER SIGNATURE)		
PAYABLE THROUGH FSMC AN AFFILIATE OF SECURITY STATE BANK - HOWARD LAKE, MN 55349 75-1248/919 ACT.#804412					

⑈ 1101685400 ⑈ ⑆091912482⑆ 804412⑈

STATE OF LOUISIANA DHH, OPH, WIC PROGRAM

5144131	99621000339	Mom FullyBF	B	3	996
FAMILY ID	PHAME ID	PARTICIPANT NAME	TYPE	SEQ #	SITE #
QUANTITY	FOOD DESCRIPTION (valid for payment for specific food items in quantities below)		<div style="font-size: 2em; font-weight: bold;">1101685410</div> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;"> <small>VENDOR FILL IN ACTUAL \$ AMOUNT OF SALE BELOW</small> </div> <div style="font-size: 2em; font-weight: bold;">\$</div> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;"> <small>TAX EXEMPT SALE</small> </div>		
1	Lb Dry Beans, Peas or Lentils				
	No More Than 36-oz WIC Cereal				
1	6-oz cn Pink Salmon OR				
1	5-6 oz cn Tuna				
1	12-oz cn Frozen Juice				
4	1/2 Gal 8th Cont Soy Orig Flavor				
VOID			<div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <small>VALID ONLY AT VENDORS WITH WIC CONTRACT VENDOR MUST ACCEPT ONLY DURING</small> </div> <div style="font-size: 1.5em; font-weight: bold; text-align: center;">AUG 2009 *08*</div> <div style="font-size: 0.8em; margin: 5px 0;"> <small>Vendor must clearly record authorization number below and deposit within 30 days of last valid date, or draft will not be honored.</small> </div> <div style="font-size: 0.8em; margin: 5px 0;"> <small>Pay to the order of WIC Vendor No.:</small> </div> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <div style="text-align: center; font-size: 0.8em; margin-top: 5px;"> <small>VENDOR'S NUMBER</small> </div>		
			<small>Issued To: _____</small> <div style="text-align: right; margin-right: 50px;"><small>Signature</small></div>		
			<small>Food Received By: _____</small> <div style="text-align: right; margin-right: 50px;"><small>(MUST MATCH WIC FOLDER SIGNATURE)</small></div>		
<small>PAYABLE THROUGH FSMC AN AFFILIATE OF SECURITY STATE BANK - HOWARD LAKE, MN 55349 75-1248/919 ACT.#804412</small>					

Rev. 09/2004

⑈ 1101685410⑈ ⑆091912482⑆ 804412⑈

STATE OF LOUISIANA DHH, OPH, WIC PROGRAM

5144141	99621000342	Mary Newman	N	1	996
FAMILY ID	PHAME ID	PARTICIPANT NAME	TYPE	SEQ #	SITE #
QUANTITY	FOOD DESCRIPTION (valid for payment for specific food items in quantities below)		VALID ONLY AT VENDORS WITH WIC CONTRACT VENDOR MUST ACCEPT ONLY DURING		
1	No More Than 36-oz WIC Cereal		JUL 2009 *07* Vendor must clearly record authorization number below and deposit within 30 days of last valid date, or draft will not be honored. Pay to the order of WIC Vendor No.: _____ VENDOR'S NUMBER		
1	16-oz WIC Approved Cheese				
1	Doz Eggs				
1	12-oz cn Frozen Juice				
2	Gal 2%, 1% or Skim Milk				
1	Qt 2%, 1% or Skim Milk				
1	18 oz Peanut Butter		Vendor FILL IN ACTUAL \$ AMOUNT OF SALE BELOW \$ _____ TAX EXEMPT SALE		
VOID			Issued To: _____ Signature Food Received By: _____ (MUST MATCH WIC FOLDER SIGNATURE)		
PAYABLE THROUGH FSMC AN AFFILIATE OF SECURITY STATE BANK - HOWARD LAKE, MN 55349 75-1248/919 ACT.#804412					

⑈ 1101685450⑈ ⑆091912482⑆ 804412⑈

STATE OF LOUISIANA DHH, OPH, WIC PROGRAM

5144141	99621000342	Mary Newman	N	2	996
FAMILY ID	PHAME ID	PARTICIPANT NAME	TYPE	SEQ #	SITE #
QUANTITY	FOOD DESCRIPTION (valid for payment for specific food items in quantities below)		VALID ONLY AT VENDORS WITH WIC CONTRACT VENDOR MUST ACCEPT ONLY DURING		
1	12-oz cn Frozen Juice		JUL 2009 *07* Vendor must clearly record authorization number below and deposit within 30 days of last valid date, or draft will not be honored. Pay to the order of WIC Vendor No.: _____ VENDOR'S NUMBER		
1	Gal 2%, 1% or Skim Milk				
VOID					
Vendor FILL IN ACTUAL \$ AMOUNT OF SALE BELOW					
\$ _____					
TAX EXEMPT SALE					
Issued To: _____ Signature Food Received By: _____ (MUST MATCH WIC FOLDER SIGNATURE)					
PAYABLE THROUGH FSMC AN AFFILIATE OF SECURITY STATE BANK - HOWARD LAKE, MN 55349 75-1248/919 ACT.#804412					

⑈ 1101685460⑈ ⑆091912482⑆ 804412⑈

STATE OF LOUISIANA DHH, OPH, WIC PROGRAM

5144141	99621000342	Mary Newman	N	3	996
FAMILY ID	PHAME ID	PARTICIPANT NAME	TYPE	SEQ #	SITE #
QUANTITY	FOOD DESCRIPTION (valid for payment for specific food items in quantities below)		VALID ONLY AT VENDORS WITH WIC CONTRACT VENDOR MUST ACCEPT ONLY DURING		
	Max Value \$8		JUL 2009 *07* Vendor must clearly record authorization number below and deposit within 30 days of last valid date, or draft will not be honored. Pay to the order of WIC Vendor No.: _____ VENDOR'S NUMBER		

	Fresh Fruits and/or Veg. Only				
	May Pay Difference Over Value				
	No Change Given				
VOID					
Vendor FILL IN ACTUAL \$ AMOUNT OF SALE BELOW					
\$ _____					
TAX EXEMPT SALE					
Issued To: _____ Signature Food Received By: _____ (MUST MATCH WIC FOLDER SIGNATURE)					
PAYABLE THROUGH FSMC AN AFFILIATE OF SECURITY STATE BANK - HOWARD LAKE, MN 55349 75-1248/919 ACT.#804412					

⑈ 1101685470⑈ ⑆091912482⑆ 804412⑈

STATE OF LOUISIANA DHH, OPH, WIC PROGRAM

4133311	99521001478	Squeekie Mouse	I	1	995
FAMILY ID	PHAME ID	PARTICIPANT NAME	TYPE	SEQ #	SITE #
QUANTITY	FOOD DESCRIPTION (valid for payment for specific food items in quantities below)		1101685500		
3	8-oz box Infant Cereal wo Fruit		VALID ONLY AT VENDORS WITH WIC CONTRACT VENDOR MUST ACCEPT ONLY DURING OCT 2009 *10* Vendor must clearly record authorization number below and deposit within 30 days of last valid date, or draft will not be honored. Pay to the order of WIC Vendor No.: _____ VENDOR'S NUMBER		
32	4-oz jar WIC Infant Fruits/Veg				
VOID			VENDOR FILL IN ACTUAL \$ AMOUNT OF SALE BELOW \$ _____ TAX EXEMPT SALE		
			Issued To: _____ Signature		
			Food Received By: _____ (MUST MATCH WIC FOLDER SIGNATURE)		

PAYABLE THROUGH FSMC AN AFFILIATE OF SECURITY STATE BANK - HOWARD LAKE, MN 55349 75-1248/919 ACT.#804412

⑈ 1101685500⑈ ⑆ 091912482⑆ 804412⑈

STATE OF LOUISIANA DHH, OPH, WIC PROGRAM

4133311	99521001478	Squeekie Mouse	I	2	995
FAMILY ID	PHAME ID	PARTICIPANT NAME	TYPE	SEQ #	SITE #
QUANTITY	FOOD DESCRIPTION (valid for payment for specific food items in quantities below)		1101685510		
24	13-oz cn Enfamil LIPIL w/iron concentrate		VALID ONLY AT VENDORS WITH WIC CONTRACT VENDOR MUST ACCEPT ONLY DURING OCT 2009 *10* Vendor must clearly record authorization number below and deposit within 30 days of last valid date, or draft will not be honored. Pay to the order of WIC Vendor No.: _____ VENDOR'S NUMBER		
VOID					
			VENDOR FILL IN ACTUAL \$ AMOUNT OF SALE BELOW \$ _____ TAX EXEMPT SALE		
			Issued To: _____ Signature		
			Food Received By: _____ (MUST MATCH WIC FOLDER SIGNATURE)		

PAYABLE THROUGH FSMC AN AFFILIATE OF SECURITY STATE BANK - HOWARD LAKE, MN 55349 75-1248/919 ACT.#804412

⑈ 1101685510⑈ ⑆ 091912482⑆ 804412⑈

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