

Correcting The Date of Use

If an error is made when writing the Date of Use during the WIC transaction, the cashier can correct it by doing the following:

1. Draw a single line through the incorrect date.
2. Write the correct date above or below the incorrect date.
3. Initial the correction next to the date.

Correcting The Dollar Amount

If an error is made in writing the Date of Use during the WIC transaction, the cashier can correct it by doing the following:

1. Draw a single line through the incorrect dollar amount.
2. Write the correct dollar amount in the "\$ Correction" box.
3. Initial the correction in the cashier initial box.

Inter Tribal Council of Arizona, Inc. WIC Program, 2214 N. Central Ave. #100, Phoenix, AZ 85004 602-258-4822				1050000793
Pay to the order of any Authorized ITCA WIC Vendor Only	Payable through: United Community Bank	64-1968 611	ITCA Use Only	First Date to Use 05/12/2015
Clinic: Native Health WIC at 16th St. 1-602-263-1558		Actual \$ Amount		Date of Use 5/11/2015
Client: 105000074 Sample Client		\$ Correction 28.50	Cashier Initial <i>JS</i>	Last Date to Use 06/12/2015
AUTHORIZED FOOD - NO SUBSTITUTIONS <small>2T - C 2-4 Yrs [1050000793]</small>		\$ 27.51		Pay to the Order of:
Quantity Description 1 64 ounce containers Shelf Stable or Refrigerated Juice 1 gallons 1% or Fat Free Milk 16 ounces Whole Grains 1 pounds dry beans, peas or lentils		Actual Purchase Amt Tax exempt sale		
VENDOR MUST DEPOSIT WITHIN 60 DAYS FROM THE FIRST DATE OF USE		I purchased the WIC Foods at the price indicated above.		Not Payable without Vendor Stamp
		X <i>Sample Check</i> Sample Mon		
<small>Sign only after price is entered. Signature must match WIC ID.</small>				

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NOTE: If these instructions are not followed exactly as described and pictured above, the check/fruit & vegetable check will be rejected for payment and the Vendor will not be reimbursed.

DO NOT:

- Write over the incorrect date or dollar amount.
- Use white-out or correction fluid.
- Scratch out the error.

Correcting a Signature

The WIC client, caregiver, or proxy may re-sign the WIC check/fruit & vegetable check **ONE TIME ONLY** in the presence of the cashier...

If:

1. The WIC customer's signature on the check/FVC does not match their signature on the ID Folder or Proxy Certification form.
2. The check/FVC check presented was pre-signed.

The cashier will then:

4. Draw a single line through the original signature.
5. Have the WIC customer re-sign the check/FVC above the original signature. If there is no room above the original signature, the WIC customer may re-sign in the lower left hand portion (next to the signature box) of the food prescription box. No other place on the check/FVC is acceptable.
6. Verify that the signature matches their signature on the ID Folder or Proxy Certification Form.

Inter Tribal Council of Arizona, Inc. WIC Program, 2214 N. Central Ave. #100, Phoenix, AZ 85004 602-258-4822				1050000739																									
Pay to the order of any Authorized ITCA WIC Vendor Only		Payable through: United Community Bank		64-1968 611																									
Clinic: Native Health WIC at 16th St. 1-602-263-1558		Actual \$ Amount		First Date to Use 04/09/2015																									
Client: 105000456 Sample Client		\$ Correction Cashier Initial		Date of Use 5/3/15																									
AUTHORIZED FOOD - NO SUBSTITUTIONS <small>27 - 0 2-4 Yrs [1050000739]</small>		\$ 32.50		Last Date to Use 05/09/2015																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Quantity</th> <th style="text-align: left;">Description</th> </tr> </thead> <tbody> <tr><td>1</td><td>32 ounce container Low Fat or Nonfat Yogurt</td></tr> <tr><td>1</td><td>64 ounce containers Shelf Stable or Refrigerated Juice</td></tr> <tr><td>1</td><td>dozen Eggs</td></tr> <tr><td>2</td><td>gallons 1% or Fat Free Milk</td></tr> <tr><td>36</td><td>ounces Cereal</td></tr> <tr><td>16</td><td>ounces Whole Grains</td></tr> <tr><td>1</td><td>pounds Cheese</td></tr> </tbody> </table>				Quantity	Description	1	32 ounce container Low Fat or Nonfat Yogurt	1	64 ounce containers Shelf Stable or Refrigerated Juice	1	dozen Eggs	2	gallons 1% or Fat Free Milk	36	ounces Cereal	16	ounces Whole Grains	1	pounds Cheese	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Pay to the Order of:</td> </tr> <tr> <td colspan="2" style="text-align: center;">Not Payable without Vendor Stamp</td> </tr> <tr> <td colspan="2" style="text-align: center;">I purchased the WIC Foods at the price indicated above.</td> </tr> <tr> <td style="text-align: center;">X</td> <td style="text-align: center;"><i>Sample Mom</i></td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>Sign only after price is entered. Signature must match WIC ID.</small></td> </tr> </table>		Pay to the Order of:		Not Payable without Vendor Stamp		I purchased the WIC Foods at the price indicated above.		X	<i>Sample Mom</i>
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