

0850011990/	PR01	PATIENT NAME	085	30051					
FILE RECORD	F. PKG.		SITE	FP CODE					
STATE OF LOUISIANA DHH, OPH, WIC PROGRAM			608509181						
QUANTITY	UNIT	FOOD DESCRIPTION (paid for payment for specific food items in quantities below)	Vendor must clearly record authorization number below and deposit within 30 days of last valid date, or draft will not be honored.						
02		HOMOGENIZED MILK	<table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>						
02		EVAPORATED MILK (CAN)							
01		EGGS (LARGE)							
02		FROZEN OR 46OZ CAN JUICE							
OR 01		BOXES CONC. JUICE							
01		WIC APPROVED CHEESE	Vendor's Number						
PAYABLE THROUGH FPMC AN AFFILIATE OF SECURITY STATE BANK - HOWARD LANE, MN 55348 75-1248019 ACCT. #904404			Vendor FILL IN ACTUAL \$ AMOUNT OF SALE BELOW TAX EXEMPT SALE Issued To: _____ Signature: _____ Food Received By: _____ (MUST MATCH WIC FOLDER SIGNATURE)						

#608509181# :091912482# 804404 #

0061028622	GD42	PATIENT NAME	085	60058					
FILE RECORD	F. PKG.		SITE	FP CODE					
STATE OF LOUISIANA DHH, OPH, WIC PROGRAM			608507681						
QUANTITY	UNIT	FOOD DESCRIPTION (paid for payment for specific food items in quantities below)	Vendor must clearly record authorization number below and deposit within 30 days of last valid date, or draft will not be honored.						
09		3 OZ SIMILAC ADV IRON (PWDR)	<table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>						
PAYABLE THROUGH FPMC AN AFFILIATE OF SECURITY STATE BANK - HOWARD LANE, MN 55348 75-1248019 ACCT. #904404					Vendor FILL IN ACTUAL \$ AMOUNT OF SALE BELOW TAX EXEMPT SALE Issued To: _____ Signature: _____ Food Received By: _____ (MUST MATCH WIC FOLDER SIGNATURE)				

#608507681# :091912482# 804404 #

0851055928	PK01	PATIENT NAME	085	50050					
FILE RECORD	F. PKG.		SITE	FP CODE					
STATE OF LOUISIANA DHH, OPH, WIC PROGRAM			608508865						
QUANTITY	UNIT	FOOD DESCRIPTION (paid for payment for specific food items in quantities below)	Vendor must clearly record authorization number below and deposit within 30 days of last valid date, or draft will not be honored.						
02		HOMOGENIZED MILK	<table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>						
01		WIC APPROVED CHEESE							
NO MORE THAN 36 OZ WIC CEREAL(S)									
01		1 DOZ EGGS (LARGE)							
02		1 DOZ FROZEN OR 46OZ CAN JUICE,							
OR 01		3 OZ BOXES CONC. JUICE	Vendor's Number						
PAYABLE THROUGH FPMC AN AFFILIATE OF SECURITY STATE BANK - HOWARD LANE, MN 55348 75-1248019 ACCT. #904404			Vendor FILL IN ACTUAL \$ AMOUNT OF SALE BELOW TAX EXEMPT SALE Issued To: _____ Signature: _____ Food Received By: _____ (MUST MATCH WIC FOLDER SIGNATURE)						