

REQUEST FORM FOR WIC WARRANT ELECTRONIC REIMBURSEMENT PAYMENT

Key Client Services
17 Corporate Woods Blvd.
NY-31-17-0170 – AK Reimbursement
Albany, New York 12211

Dear KeyBank WIC Processing:

The enclosed WIC Warrant(s) cannot be processed through the banking system and I am requesting reimbursement from the State of Alaska WIC Program. I am providing the following information as requested:

PLEASE DO NOT TAPE OR STAPLE CHECKS TO FORM.

Vendor Number: _____ Date of Request: _____

Store Name (Please Print) : _____

Address: _____

Name of person submitting request: _____

Phone #: (_____) _____

WIC WARRANT NUMBER	AMOUNT	REASON FOR REQUEST

Total number of WIC Warrants submitted for Reimbursement: _____.

Comments: _____

Sincerely,

(signature)