



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 WIC AND NUTRITION SERVICES
**WIC RETAILER REQUEST FOR ADDITIONAL PAYMENT ON
 WIC-APPROVED FOOD ITEMS**

The Missouri WIC program wants to ensure that retailers receive payment. Please complete the form and submit it to MOWICVendorGroup@health.mo.gov. We will notify the retailer contact of the decision on the additional payment.

Retailer Name:	WIC Vendor Number:
Contact Name:	Submission Date:
Phone:	Email:

- Items to submit with the form:
- Receipt.
 - Invoices showing the item and shipping cost.
 - Explanation of cost exceeding Pricing Peer Group.

Item Description:	UPC:	Amount:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of Transaction(s):

MAIL OR EMAIL COMPLETED FORM TO:
 Missouri Department of Health and Senior Services
 WIC and Nutrition Services
 P.O. Box 570
 Jefferson City, MO 65102-0570
MOWICVENDORGROUP@HEALTH.MO.GOV

