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| **DEPARTMENT OF HEALTH SERVICES** Division of Public Health F-01474 (03/2015) | **STATE OF WISCONSIN** Fed. Reg. 7 CFR 246(608) 266-6912 |

**RECEIPT FOR CONFISCATED *eWIC* CARDS**

|  |  |
| --- | --- |
| Vendor Name | Vendor Number |
| Vendor Address (Street, City, Zip) |
| **Project Number** | ***eWIC* Card Primary Account Number (PAN)** |
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|  |  |
| Print – Store Owner or Manager | **SIGNATURE** – Store Owner or Manager | Date Signed |
| Print - WIC Representative | **SIGNATURE** – WIC Representative | Date Signed |

WHITE COPY – WIC YELLOW COPY - VENDOR