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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