



State of Alaska Department of Health
 Division of Public Health – WIC FMNP & SFMNP
 PO Box 110612
 Juneau, Alaska 99811-0612
 Fax (907) 465-3416
 Email: doh.dpa.wic.vendor@alaska.gov

Check Appeal Request Form

Mail, email, or fax completed form to the address above. All fields must be completed legibly. If form is found to be incomplete or illegible it will not be processed. Please keep a photocopy of all items mailed. Complete forms will be processed within 30 days of receipt. Notifications related to requests will be communicated via email to allow for timely results. For questions, contact the Alaska WIC Program at (907) 465-3100 or at doh.dpa.wic.vendor@alaska.gov

The State of Alaska WIC and Senior Farmers' Market Nutrition Programs (SFMNP and FMNP) are not responsible for any bank charges, returned checks or other fees charged to the vendor that result from the non-payment of SFMNP and/or FMNP checks. Vendors may not recover any bank charges from SFMNP and/or FMNP, or from WIC participants or their proxies.

Farmer Vendor Information

Farmer Name: _____ Farm Number: _____

Phone: _____ Email: _____

Mailing Address: _____

Check Information:

Print Legibly. Attach additional pages if needed.

Check Number	Check Value Amount	List reason(s) check should be paid:
<i>Example: #1234</i>	<i>\$12.34</i>	<i>Reason</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

STATE OF ALASKA OFFICE USE ONLY

Incomplete, missing information: _____
 Denied Approved, bank notice sent on: _____

Payment Justification Notes: _____

Staffer Name: _____ Date: _____