

**Request for Reimbursement of WIC EBT ECR Maintenance Costs****Vendor Information**

Vendor Name:	Store Number:	WIC ID:
Street Address:		
City:	State:	Zip Code:
Email:	Tax Payer ID #:	

Vendor WIC EBT System (circle one): JPMA ISS-45 NCR RORC ECRS Other (specify): _____
Amount /Cost of WIC EBT Maintenance Agreement: \$_____
Period of time covered by Maintenance Agreement (month/year): ____/20__ to ____/20__

**ECR Dealer/Reseller Information**

Name of ECR dealer/reseller providing Maintenance Agreement:		
Name of Contact:	Phone Number:	
Street :		
City:	State:	Zip Code

I certify to the State of Wyoming WIC Program that the information provided in this request for WIC EBT ECR maintenance reimbursement and the attached ECR vendor invoice is true and correct.

Signature:	Date:
Print Name:	Title:

**FOR STATE OFFICE USE ONLY**

Date Received:	Date Paid:
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