Send completed form to: **Nutrition Services Branch**
Attn: WIC Vendor Unit
1914 Mail Service Center, Raleigh, NC 27699-1914
Fax Number: 919-870-4895

VENDOR REPLACEMENT REQUEST FORM

Date: _____

Local WIC Agency (*No abbreviations*)**:** _____ **Program Number:** _____ **County Code:** _____

Local WIC Agency Contact Person: _____

Phone Number: (____)_____ **Fax Number: (____)**_____

A	B	C	D	E	F	G
Vendor Number	**Peer Group** *(If known)*	**Original Food Instrument (FI) or Cash-Value Voucher (CVV) Number**	**Requested Amount by Vendor**	**Vendor Federal Tax ID**	**To Be Paid? (Yes / No) If yes, amount paid** *(For State Staff only)*	**Authorized Signature and Date** *(For State Staff only)*

Instructions to Local WIC Agency:

- Complete agency information at the top of the form and columns A through E only.
- Mail completed form with copies of food instruments/cash-value vouchers and register receipts to the WIC Vendor Unit at the address listed above.
- Keep copies of the completed form in addition to the original food instruments/cash-value vouchers and register receipts for your records.