

# LOST OR STOLEN CHECKSTOCK REPORT

**INSTRUCTIONS:** This form must be completed and submitted within two working days of the initial telephone report or, within three days of the discovered loss to the WIC Program – Program and Business Integrity Section (PBIS). Attach a copy of this report to the monthly “Voided Food Instrument(s) Report” or the “Voided Checkstock Report” that the lost or stolen checkstock occurred. (Reference WPM 350-20 for additional detailed reporting instructions).

**NOTE:** If this report is incomplete, then the “Voided Food Instrument(s) Report” that it accompanies will also be considered incomplete and is subject to late reporting sanctions.

\_\_\_\_\_  
Name of local agency reporting lost or stolen checkstock

\_\_\_\_\_  
Name of clinic where lost or stolen checkstock was reported

Clinic address (number, street)	City	County	ZIP code
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Name of staff person who discovered lost or stolen checkstock	Title	Phone number (    )
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Date lost or stolen checkstock discovered (month/day/year)	Date lost or stolen checkstock reported to WIC Branch (month/day/year)	Time lost or stolen checkstock reported <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
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Name of WIC Branch staff who accepted telephone report	Title
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TYPE OF CHECKSTOCK LOST OR STOLEN	QUANTITY	SERIAL NUMBER

Describe the complete circumstances of the lost and/or stolen checkstock:  
 \_\_\_\_\_  
 \_\_\_\_\_

Provide a complete account of actions taken to recover the lost or stolen checkstock:  
 \_\_\_\_\_  
 \_\_\_\_\_

Have police or sheriff’s department(s) been notified?     Yes     No

Is the police or sheriff report attached?     Yes     No

**If yes**, please provide the following:    Officer’s name \_\_\_\_\_    Officer’s phone number \_\_\_\_\_

**If no**, on what date will the police or sheriff’s report be submitted?    \_\_\_\_\_ (month/day/year)

Describe all measures that have been taken to prevent a recurrence of lost or stolen checkstock:  
 \_\_\_\_\_  
 \_\_\_\_\_

Form completed by	Title	Phone number (    )	Date
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Project director’s signature	Date
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