



## Farmers' Market Nutrition Program Transfer of Check Booklets

Originating Agency	
Agency Number: _____	Clinic Number: _____
Agency Name: _____	
Return Address: _____	
Check Booklet Information (Booklets Mailed)	
Number of Booklets Sent: _____	
Serial # Range: _____ TO _____	
Date Transferred: _____	
Packing Signatures & Verification (Must be signed by two staff members)	
Name _____	Signature _____
Name _____	Signature _____

Transfer To	
Agency Number: _____	Clinic Number: _____
Agency Name: _____	
Shipping Address: _____	
Check Booklet Information (Booklets Received)	
Number of Booklets Received: _____	
Serial # Range: _____ TO _____	
Date Received: _____	
Receipt Signatures & Verification (Must be signed by two staff members)	
Name _____	Signature _____
Name _____	Signature _____

Upon receipt of the shipment, please list the total quantity of booklets received. Review the check serial number range and verify that no checks are missing. Sign and date this form and FAX the form to the State WIC Office at **916-263-3314**.