

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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