

WIC PROGRAM
CLAIM FORM FOR BREASTPUMP PURCHASE REIMBURSEMENTS

1. Local WIC Agency Name and Address	2. Federal Fiscal Year	3. Reporting Month/Year
4. DESCRIPTION OF BREASTPUMP (Type of Pump and Quantity Purchased; e.g. – 1 case of 20)	5. PRICE PER UNIT	6. INVOICE TOTAL (Attach Copy of Invoice)

CERTIFICATION STATEMENT

I certify that to the best of my knowledge the data in this report is correct and that all transactions were made in accordance with WIC Program Regulations.

Signature _____

Print name _____ Title _____ Phone Number _____ E-mail _____

Report prepared by (if different than above)

Print name _____ Title _____ Phone Number _____ E-mail _____

Date submitted _____

REMARKS

STATE USE ONLY

Approval signature _____ Date _____

Vendor # (Fiscal agent): _____ Vendor Name (CHB that purchased pump): _____ Memo: _____
Breast Pump Purchase

Fund: _____ Approp: _____ Project ID: _____ Activity ID: _____

NOTES:

- This form may be used only for breastpump reimbursements
- In most cases, your reimbursement will occur electronically to your agency's bank account. You should send a copy of your purchase order to your finance office so they can credit the proper account when payment is received. These reimbursements **should not be reported on your monthly WIC Claim for Reimbursement.**
- We cannot reimburse for pump cleaning supplies or gauges.

CHECKLIST: Before submitting the Claim Form for Breastpump Purchase Reimbursements, have you:

- Paid for the pumps? (If you have questions about prices you were charged contact the State WIC Breastfeeding Coordinator before paying.)
- Items purchased via the State of MN/CPV/WSCA contract #01910 are FPB Destination (no shipping charges.) If you are charged a shipping fee contact the vendor before paying.
- If charged sales tax please review before paying the claim. Pumps are currently not taxed in MN. Some supplies are taxed. Some agencies are tax exempt. (Please alert the pump company when placing the order if your agency is tax exempt.)
- Attached a **copy of the invoice**? (Please **submit a copy of the invoice**, not the order confirmation, statement, PO, or packing list.)
- Completed all information requested on the form?
- Submitted only breastpump reimbursements on this form?
- Made a copy for your agency's file?
- Notified your fiscal agent/CHB to expect the claim and credit it to your agency's account?**
- Addressed the claim to:
 - WIC Breastfeeding Coordinator / 5th Floor Golden Rule Bldg.
 - Minnesota Department of Health / P.O. Box 64882
 - St. Paul, Minnesota 55164-0882