

Georgia Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

Mailed Voucher Activity Report

Site: _____ Date: _____

Name	WIC ID NO.	Address Verified (v)	Reason	Return Appt. Date	Serial Number	*Staff Printed Signature	*Mail Fls Date	*Staff Mailed Signature	Vouchers Redeemed (Y/N)
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

Supervisor/ Designee Signature _____

- * Staff Printed: Who printed & stuffed envelopes
 - * Mail Fls Date: Date the Fls are taken to the post office
 - * Staff Mailed: Who actually mailed the Fls