



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

Mailed Voucher Activity Report

Date:	Date:							
WIC ID NO.	Address Verified (√)	Reason	Return Appt. Date	Serial Number	*Staff Printed Signature	*Mail FIs Date	*Staff Mailed Signature	Vouchers Redeemee (Y/N)
		WIC ID NO. Address Verified	Date: WIC ID NO. Address Reason Verified	Date: WIC ID NO. Address Reason Return Verified (1)	Date: WIC ID NO. Address Verified (1) Verified (1) Address Reason Appt.	Date: WIC ID NO. Address Reason Return Serial Number *Staff Printed Signature	Date: WIC ID NO. Address Reason Return Serial Number *Staff Printed *Mail FIs Verified (1) Date Date	Date: WIC ID NO. Address Verified (1) Reason Return Appt. Serial Number Staff Printed Mail Fls Staff Mailed Signature Date Signature

* Staff Printed: Who printed & stuffed envelopes

- * Mail FIs Date: Date the FIs are taken to the post office
- * Staff Mailed: Who actually mailed the FIs

Supervisor/ Designee Signature____