

**Louisiana WIC Vendor
Transaction Dispute Form**



Instructions: Fully complete all sections of this form and submit this form to LA WIC **with all supporting evidence, at LAWICVendor@la.gov within 60 days of the date of the transaction(s) being disputed.** Only complete submissions will be considered for reimbursement. Note that LA WIC will not consider disputes for payments of transactions that lack an electronic record or disputes regarding payments that were intentionally adjusted due to the payment being over the maximum allowable amount.

SECTION I – Store Information			
Vendor Name (as listed on Vendor Agreement):		Vendor #:	
Vendor’s Mailing Address (as listed on W-9 form):		Phone Number:	
Federal Tax ID / SS # (as listed on W-9 form):			

SECTION II – Dispute of Late Claims. Use this section to dispute the payment for EBT transaction(s) resulting from late submission of WIC EBT transaction batch files. Attach additional pages, in the form of a spreadsheet, as needed.			
Date of Late Claim:		Claim File Name:	
Was the Late Claim a result of an error file rejected by LA WIC?	<input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, you must complete Section III of this form.		
Explanation. Describe the circumstances that prevented submission of WIC EBT transaction batch files by the 15th day of the month following the month in which the transaction(s) occurred.			

SECTION III – Dispute of Corrected Malformed Claims (Failed Claims). Use this section to identify and dispute payment for EBT transaction(s) in the WIC EBT transaction batch files that contained incorrect or incomplete information. Claims MUST be corrected and resubmitted successfully prior to review by LA WIC.			
Date of Malformed Claim:		Malformed Claim File Name:	
Date of Corrected Claim:		Corrected Claim File Name:	
Spreadsheet of Transactions Affected. If only a portion of the claim file failed, attach a spreadsheet that includes the transactions in the claim file that were affected by the malformed claim. The spreadsheet must include the Claim Date, Claim File Name, Transaction Date, Transaction Time, Transaction Amount, and Trace Number.			
Explanation. Describe the event (MRC error code and message) that caused the transaction(s) in the WIC EBT transaction batch files to be incorrect or incomplete.			

SECTION IV – Dispute due to Invalid Electronic Signature Error. Use this section to dispute the payment for EBT transaction(s) in the WIC EBT transaction batch files that contained an Invalid Electronic Signature Error.

Date of Malformed Claim:

Claim File Name:

Spreadsheet of Transactions Affected. Attach a spreadsheet that includes the transactions in the claim file that were affected by the invalid electronic signature error. The spreadsheet must include the Claim Date, Claim File Name, Transaction Date, Transaction Time, Transaction Amount, and Trace Number.

Explanation. Describe the event that caused the transaction(s) in the WIC EBT transaction batch files to be incorrect or incomplete.

SECTION V – Disputed Amount Calculation. Detail the calculation of the payment amount you are seeking in this dispute. Attach additional pages (e.g., spreadsheets) as needed.

Anticipated Payment. Indicate the payment amount you *expected* to receive from the EBT transaction(s) referenced in this dispute.

\$ _____

Actual Payment. Indicate the payment amount you *actually* received from the EBT transaction(s) referenced in this dispute.

\$ _____

Disputed Amount. Indicate the payment amount you are *seeking* from the EBT transaction(s) referenced in this dispute.

\$ _____

***Note that Disputes in the amount of \$500 or more require approval from the United States Department of Agriculture (USDA) before payment can be authorized.**

SECTION VI – Evidence. Submit all supporting documentation as indicated below. Supporting documentation must clearly demonstrate the disputed transaction(s) was a valid WIC transaction(s) at the store, that the e-WIC card was present in the lane, and that WIC-eligible items were purchased.

Forms received without the required documentation will not be processed:

- Written and detailed explanation of facts surrounding the issue that caused the submission of this dispute AND the steps the Vendor/POS provider has taken to ensure the error has been corrected and will not reoccur.
- Auto Reconciliation Report – you must identify the specific transaction(s) that you are disputing (e.g., highlight or asterisk).
- One of the below items that shows PAN, Date/Time, Terminal ID, Trace #, UPCs purchased, and category/subcategory information
 - Transaction Log
 - Electronic Receipts

SECTION VII - Acknowledgement and Signature.

This section is to be completed by an authorized representative of the store.

Vendor Representative: The information contained herein is truthful and accurate to the best of my knowledge. I understand that the submission of false or inaccurate information is cause for termination of my store’s Vendor Agreement with LA WIC. I understand that any additional submission relative to this dispute must be made within sixty (60) days of the date of the transaction(s) being disputed; no additional information or documentation will be considered beyond that time, unless LA WIC determines that exceptional circumstances warrant consideration. Further, I understand that the burden of proof rests with the Vendor; there is no guarantee that the Dispute will be resolved in favor of the Vendor; and LA WIC is the sole arbiter of the Dispute, its assessment and determination of the Dispute being final and not subject to further appeal.

Vendor Representative - Type or Print Name	SIGNATURE - Vendor Representative
Vendor Representative - Title/Position	Date Signed