

**LOUISIANA WIC PROGRAM
WIC EBT TRANSACTION PROCEDURE (WIC 33)
TRAINING LOG**

VENDOR NUNBER: _____ **VENDOR/STORE NAME:** _____
VENDOR ADDRESS: _____

By signing this document, I acknowledge that I have discussed the contents of the **Louisiana WIC Program WIC EBT Transaction Procedure (WIC-33 EBT version)** with my employer or their representative; and clearly understand the policies and procedures contained therein.

	Name of Employee	Employee ID (Optional)	Signature of Employee	Date Employee Signed	Supervisor/HR Rep Initials
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