

West Virginia Department of Health & Human Resources

## Voucher Remittance

County: \_\_\_\_\_ Case Number: \_\_\_\_\_

Case Name: \_\_\_\_\_  
Last Name First Name

Address: \_\_\_\_\_  
\_\_\_\_\_

Voucher Number(s) Returned:

_____	_____
_____	_____
_____	_____

Reason for Returning: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Voucher(s) Will Be Replaced? ☐ Yes ☐ No

Pertinent Information - If A Replacement/Corrected Voucher Is Necessary:

_____
_____
_____
_____

Mail to: BCF Office of Operations  
350 Capitol Street  
Room 730  
Charleston, WV 25301