

WIC PRICE LIST FOR FREE-STANDING PHARMACIES

Please review the form instructions and certification paragraph prior to completing and signing the form.

Date _____ (Store Name) _____
 () _____ (Store Address) _____
 Phone Number _____ (City/State/Zip) _____

Authorized Vendor Stamp

Product	Size	Type	Price
Boost	8 oz	Ready to Feed	.
Boost Kid Essentials	8.25 oz	Ready to Feed	.
EleCare Jr.	14.1 oz	Powder	.
Enfamil EnfaCare	8 oz	Ready to Feed	.
Enfamil EnfaCare	12.8 oz	Powder	.
Nutramigen	13 oz	Concentrate	.
Nutramigen	32 oz	Ready to Feed	.
Nutramigen with Enflora LGG	12.6 oz	Powder	.
Pediasure	8 oz	Ready to Feed	.
Pediasure with Fiber	8 oz	Ready to Feed	.
Similac Alimentum		Powder	.
Similac Alimentum	32 oz	Ready to Feed	.
Similac NeoSure	32 oz	Ready to Feed	.
Similac NeoSure	13.1 oz	Powder	.

Instructions For Completing Form

- Vendor Number:** Enter authorized WIC Vendor Number as it appears on the Vendor Stamp. New applicants leave this area blank.
- Authorized Vendor Stamp:** Using the Vendor's WIC Stamp, imprint each carbon copy of Pages 1 and 2. A new vendor applicant will leave this area blank.
- Enter current **highest shelf prices** for the exempt infant formula and WIC-eligible medical foods. List prices for **only foods currently stocked**.
- Return this form to the appropriate Local WIC Agency as directed.

I do hereby certify that the prices entered on the price list are the current, **highest shelf prices** on the date indicated below.

Printed Name of Authorized Representative	Date
Signature of Authorized Representative	Title

Routing: White Copy – State WIC Office Yellow Copy – Local WIC Office Pink Copy – WIC Vendor