

Local Agency Name: _____
 (no abbreviations)

WIC PRICE LIST FOR FREE-STANDING PHARMACIES

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

Vendor Number _____

Store Name _____

Date _____

Store Address _____

(_____)

City/State/Zip _____

Phone Number _____

Product	Size	Type	Price
Boost	8 oz	Ready to Feed	.
Boost Kid Essentials 1.5	8 oz	Ready to Feed	.
EleCare Infant DHA/ARA	14.1 oz	Powder	.
Enfamil EnfaCare	12.8 oz	Powder	.
Gerber Extensive H.A.	14.1 oz	Powder	.
Neocate Infant with DHA/ARA	14.1 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	.
Pregestimil DHA ARA	16 oz	Powder	.
Similac Alimentum	12.1 oz	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:

- 1 Vendor Number:** Enter authorized WIC vendor number. New applicants leave this area blank.
- 2 Prices:** Provide current, **highest shelf prices** for the exempt infant formula and WIC-eligible nutritionals. List prices only for foods currently stocked or ordered within the past 30 days..
- 3** 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.

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Printed Name of Authorized Representative

Date

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Signature of Authorized Representative

Title