Order Form for WIC Vendor Supplies

Department of Health & Social Services
Div. of Public Assistance Family Nutrition Programs-WIC
130 Seward Street, Room 508
Juneau, AK 99801
(907)465-3100
FAX: (907) 465-3416

Vendor Name: _____ **Vendor #:** _____

Mailing Address: _____

_____

Contact Person: _____ **Contact Phone:** _____

Order Date: _____ **Date Order Filled:** _____

Item Description	**Quantity**
Vendor Number Stamp	_____
Pink Shelf Tags for WIC Food Items	_____
Poster "We Accept WIC Warrants"	_____
Cashier Training CD	_____
Vendor Manual (Vendor Policies & Procedures)	_____
Cashier WIC Approved Food List	_____

Revised 2/25/2011