



State of Alaska Department of Health & Social Services
Division of Public Assistance
Nutrition Services – WIC
PO Box 110612
Juneau, Alaska 99811-0612

Order Form for WIC Vendor Supplies

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

Mailing Address: _____

Contact Person: _____

Requested By: _____ **Date:** _____

Vendor supplies available from the State WIC Office listed below – please indicate the quantity needed and fax this form to (907) 465-3416; questions call (907) 465-3100

Item Description

Quantity

Vendor Number Stamp _____

WIC Approved Shelf Tags (packets of 50) _____

“WIC Accepted Here” poster _____

Cashier Training CD _____

Vendor Manual (including policies & procedures) _____

WIC Approved Food List _____

Please submit requests to:

by mail:

State of Alaska DHSS
Division of Public Assistance
Nutrition Services – WIC
PO Box 110612
Juneau, Alaska 99811-0612

by email: wic@alaska.gov

by fax: (907) 465-3416