Local Agency Name:	
(no abbreviations)	

WIC PRICE LIST FOR FREE-STANDING PHARMACIES

Please review the form	n instructions and	certification statement	prior to completing an	nd signing the form

Vendor Number	Store Name	
Date	Store Address	
Date	Store Address	
()	City/State/Zip	
	011)/ 01a10/21p	
Phone Number		

Product	Size	Туре	Price
Boost	8 oz	Ready to Feed	
Boost Kid Essentials 1.5	8.25 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	Powc'	
Nutramigen	13 oz	Co ntrate	
Nutramigen	32 o.	Ready it ed	
Nutramigen with Enflora LGG	12.6 oz	Po r	
Pediasure	8 oz	ady it. ed	
Pregestimil DHA ARA	16 oz	er er	
Similac Alimentum	12.	Powder	
Similac Alimentum	207	Ready to Feed	
Similac Name	32 oz	Ready to Feed	
Sim & NeoSure	13.1 oz	Powder	

Instructions appleting F m:

- 1 **Vendor Number:** Enter uthorized 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 withing 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.

Printed Name of Authorized Representative	Date
0	

Signature of Authorized Representative