VENDOR NAME:	FOOD ITEMS PRICES			
VENDOR NUMBER:				MONTH/YEAR:
FOOD ITEM DESCRIPTION	PRICE	TIER PRICE	PACKAGE SIZE	STOCK REQUIREMENT
BREAD				
WIC Approved Whole Grain Bread			1 lb	6
BROWN RICE				
WIC Approved Brown Rice			1 lb	6
Corn/Whole Wheat Tortillas				
WIC Approved Corn/Whole Wheat Tortillas			1lb	6
CEREAL			Varies/Total 36 oz	15
WIC Approved Cereal			11.5-12oz	
WIC Approved Cereal			18oz	
CHEESE				
WIC Approved Cheese			8 oz	5
WIC Approved Cheese			16oz	5
DRY BEANS/PEAS				
Dry Beans, Peas, Lentils			1lb	6
EGGS				
Eggs(large)			Dozen	10
INFANT CEREAL				
Infant Cereal w/out Fruit			8 oz	15
INFANT FOODS				
Infant Fruits			4 oz jar	96
Infant Vegtables			4 oz jar	96
Plain Infant Meat			2.5 oz jar	31
INFANT FORMULA				
Alimentum w/iron powder			12.1 oz can	
Enfamil Premium Infant w/iron powder			12.5 oz can	
Enfamil EnfaCare powder			12.8 oz can	
Enfamil ProSobee powder			12.9 oz can	
Enfamil Gentlease powder			12.4 oz can	30
Enfamil AR powder			12.9 oz can	
Enfamil Premium Infant w/iron concentrate			13 oz can	72
Enfamil ProSobee concentrate			13 oz can	72
Nutramigen concentrate			13 oz can	
Nutramigen Enflora LGG Powder			12.6 oz can	
Pediasure Oral RTF (any flavor)			8 oz bottle	
Pediasure Oral w fiber Ready to feed			8 oz bottle	
Pregestimil powder			1 lb can	
Similac NeoSure w/iron powder			13.1 oz can	
JUICE				
WIC Approved Juice - frozen			11.5-12 oz	6

FOOD ITEM DESCRIPTION	PRICE	TIER PRICE	PACKAGE SIZE	STOCK REQUIREMENT
WIC Approved Juice - bottle			64 oz	6
WIC Approved Juice - bottle			48oz	
MILK				
Whole Milk			quart	4
2% or Skim Milk			quart	4
1% Milk			quart	
Low Lactose 1%/Skim Milk			quart	
Low Lactose Whole Milk			quart	
Soy Beverage			quart	
Whole Milk			gallon	2
2%, 1% or Skim Milk			gallon	4
Low Lactose 1%/Skim Milk			1/2 gallon	
Low Lactose Whole Milk			1/2 gallon	
Soy Beverage			1/2 gallon	
PEANUT BUTTER				
Peanut Butter			18 oz	15
PINK SALMON				
Pink Salmon			5-6 oz can	5
TUNA				
Tuna			5-6 oz can	10

IMPORTANT POINTS TO REMEMBER WHEN FILLING OUT THE FOOD ITEM PRICES:

1. Enter the unit price of each WIC food item available for sale. The unit price submitted must be at or below shelf price.
2. Enter the unit size and unit price for each cereal available.
3. Write the Vendor name, Vendor number, Month the prices are valid for, Signature, and telephone number in the appropriate space(s).

Signature:_____

Telephone #_____

FOOD ITEM DESCRIPTION	PRICE	TIER PRICE	PACKAGE SIZE	STOCK REQUIREMENT