

**WIC STOCK PRICE SURVEY - PHARMACY ONLY  
 WISCONSIN WIC PROGRAM**

Vendor applicants and authorized vendors must complete this form upon request by the state WIC program. Failure to complete this form may result in the return of an application as incomplete, denial of an application, or vendor sanctions. Prices submitted on this form are used to determine eligibility by calculating a market basket average and comparing pricing to other vendors in the same peer group.

WIC authorized pharmacies are required to order infant formulas or liquid nutrition products at the request of WIC participants or the local WIC agency. Authorized pharmacies agree to have an established procedure with a distributor or manufacturer that enables the pharmacy to supply infant formula or liquid nutrition products within a reasonable time when requested by a WIC participant or local WIC agency.

**INSTRUCTIONS:** Type or print the regular (non-sale) price for each WIC formula listed below that is available for sale at your pharmacy as of the date of form completion.

Store Name	<i>For WIC office use:</i>  <b>WIC Vendor Number</b>
Store Street Address	
Store City and Zip Code	Store Phone Number (include area code)

**INFANT FORMULA** - only the brands, varieties and sizes listed below

WIC Contract Formula	UPC Code	Size	Price
<i>Similac Advance</i> ® powder	070074559582	12.4 oz	\$
<i>Similac Total Comfort</i> ® powder	070074626000	12.6 oz	\$

Name — Form prepared by (if different than Vendor Representative)	Job Title — Form Preparer
Name — Vendor Representative (print full legal name)	Job Title — Vendor Representative
<b>SIGNATURE</b> — Vendor Representative	Date Signed