

Contract Formula Sample Order and Delivery Form
WIC – 403C

Purpose: To request an increase or decrease of quantity, type or deliver location for contract sample formula shipped to a health district. Any change in total quantity may not exceed the health districts maximum allocation.

Reference: [FDS 3.1.1-C](#) Contract Formula Samples
[FDS 3.1.2-C](#) Ordering Contract Formula Samples

Procedure: Complete the form as follows:

1. **Health District Name-** Print the name of the health district.
2. **Health District Contact-** Print the name of the authorizing health district contact.
3. **Telephone-** Print the telephone number of the authorizing health district contact.
4. **Date-** Print the date for completing the form.
5. **ID # -** Print the delivery location WIC identification number.
6. **Location Name-** Print the name of the location were the formula must be delivered.
7. **Formula Name/Case -** Print the number of cases under the formula column to be ordered and shipped.
8. **Contact Name-** Print the name of the contact person for the ship to location.
9. **Submit Form –** Submit the completed Contract Formula Sample Order and Delivery Form to the SWO Contract Formula Vendor Liaison by fax or email.

Disposition: Maintain in sample formula order file

Retention: Three (3) years. (Longer, if necessary, for audit or litigation resolution).

**Contract Formula Sample Order and Delivery Form
WIC – 403C**

District Name: _____
Date: _____

District Contact _____
Telephone: _____

ID #	Location Name	Similac Early Shield Concentrate Case	Similac Early Shield Powder Case	Similac Sensitive Concentrate Case	Similac Sensitive Powder Case	Isomil Advance Soy Concentrate Case	Isomil Advance Soy Powder Case	Contact Person