



Compliance Buy Report

Date of Investigation _____ Day of the Week _____ Buy # _____

Time In: _____ am/pm Time Out: _____ am/pm Vendor No. _____

Name of Store /Address _____

WIC Warrant Number _____

Part I: Description of Store

1. Was the poster "We Accept WIC Warrant" posted? ☐ Yes ☐ No
2. Are all open registers at the time of the buy available for WIC use? ☐ Yes ☐ No

Part II: Warrant Cashing Procedure

1. The cashier looked at my ID. ☐ Yes ☐ No
2. The cashier checked the dates on the warrant. ☐ Yes ☐ No
3. The cashier checked that all foods listed on the warrant were on the WIC Approved Food List. ☐ Yes ☐ No
4. The cashier rang up the sale and wrote the actual amount in ink on the warrant. ☐ Yes ☐ No
5. The cashier asked me to sign the warrant after the actual amount of sale had been written on the warrant. ☐ Yes ☐ No
6. The cashier compared my signature to the one on my ID card. ☐ Yes ☐ No
7. The cashier wrote "WIC" on my cash register receipt. ☐ Yes ☐ No
8. I was asked to accept another item as substitution for a WIC food. ☐ Yes ☐ No
9. I was asked to pay cash in addition to the price of the warrant. ☐ Yes ☐ No

If the answer to Number 9 is YES, Write the cashier's explanation below.

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10. The cashier permitted me to use coupons or discount cards. ☐ Yes ☐ No ☐ N/A
 11. I was treated courteously as other shoppers in the store. ☐ Yes ☐ No
 12. I was offered a "rain check" for WIC items not available. ☐ Yes ☐ No ☐ N/A
 13. I gave the cashier a WIC warrant that had invalid dates. ☐ Yes ☐ No
 14. Fruit and Vegetable Vouchers Only:

I was allowed to combine multiple FVVs in one transaction ☐ Yes ☐ No ☐ N/A

I was given change when my purchase was less than the FVV ☐ Yes ☐ No ☐ N/A

I was charged tax on the FVV portion of the transaction ☐ Yes ☐ No ☐ N/A

I was allowed to pay for the amount over the FVV value ☐ Yes ☐ No ☐ N/A

15. Comments by cashier or other observations of WIC program violations.

Part III: Description of Cashier

Name of Cashier: _____ Male _____ Female _____

Approx. Age _____ Approx. Height _____ Color of Hair _____ Style of Hair _____ Glasses _____

Build:	Slender	_____	Complexion:	Fair	_____
	Medium	_____		Medium	_____
	Large	_____		Dark	_____

Circle Type of purchase attempted: (As directed by the State WIC Office)

1. Safe Buy - Purchase all/only food listed on the warrant(s).
2. Short Buy - Do not purchase all of the food listed on the warrant. (i.e., if the warrant specifies powdered formula, purchase three cans rather than the authorized number. When the warrant specifies several different foods, skip one or two items and/or buy less than the full number authorized.)
3. Minor Substitution Buy - Attempt to purchase food not authorized for the WIC program. When the warrant specifies formula, purchase low-iron formula. When the warrant specifies cereal and other foods, purchase a cereal high in sugar (i.e., Sugar Frosted Flakes, Sugar Puffs, etc.) If milk is on the warrant, purchase a flavored milk (chocolate) and with juice purchase a juice that contains less than 100% RDA Vitamin C and/or sweetened (i.e., Hi-C or Hawaiian Punch).
4. Over Buy – Attempt to purchase a quantity greater than what is printed on warrant; (for ex. more than 36 oz. cereal or extra juice or cheese).
5. Return Product for Refund - Attempt to get a cash refund for food or formula purchased with WIC Food Instruments.

Name of investigator (Printed) _____

Signature of Investigator: _____ Date: _____

Part IV: Summary of Purchase

TRANSACTION #1: Purchases Made during Compliance Buy

Size	Qty	Brand Name	Item	Shelf Price	Purchase Price	Cashier Action		
						Allowed Sale	Refused Sale	Substituted Item

TRANSACTION #2: Purchases Made during Compliance Buy

Size	Qty	Brand Name	Item	Shelf Price	Purchase Price	Cashier Action		
						Allowed Sale	Refused Sale	Substituted Item

*** **ATTACH REGISTER RECEIPTS THIS PAGE IF AVAILABLE** ***

Comment [A1]: Maybe we can just put this here and whomever is doing the buy can staple them here or the back of the page?

Item Disposition Record

Date of Disposition _____ Investigation Date _____

Investigation Number _____ Investigator's Name _____

Charitable Organization _____

Organization Address _____

City/State/Zip Code _____

Organization Phone Number _____

ITEM DISPOSITION CODE: 1-Item Destroyed; 2-Item Donated to Charity; 3-Item Kept for Evidence; 4-used for nutrition education

Quantity	Item (Include Brand and Size)	Cost	Disposition Code

I verify the above information to be true and correct.

Investigator's Signature Date

Charitable Organization Representative Signature Date