UPC/Brand Request Form

## Your Information

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| --- | --- | --- | --- | --- |
| Your Name: |  |  | Your E-Mail: |  |
|  |  |
| Your Company: |  |  | City your Company is Located in: |  |

Please provide the following information for each product:

* Submissions do not require images, but you may be asked to provide them before final approval.
* For new brand submissions images of the nutrition panel and ingredient lists are required.

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| UPC or PLU(must include ALL digits found on barcode) | Product Description(Brand, Type, Flavor, etc. OR image of front of package) | Selling Unit Size(Ounce, pound, jar, package, gallon, etc.) | Selling Unit Retail(your retail cost per item) | Images(Nutrition panel & ingredient list) |
| 9-87564-32100-9  | Johns 1% milk | 1 gallon | $1.75 |  |
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## Please submit the form by faxing it to 515-281-4913 or e-mailing it to wicvendor@hhs.iowa.gov.

March 2025