



Iowa WIC Educational Buy Form

Date of Visit: _____ Agency # _____ Vendor Name _____ Location _____

Last 4 Digits of the card # _____ WIC Decal? Yes or No Hours Posted? Yes or No Food Booklets Needed? Yes or No

Describe the shopping experience – Followed by remarks of Store Management on how the program is going for this location

(Continued on back)

*The following items were purchased in compliance with this educational buy and donated to a Food Bank or similar facility. In some instances, all or part of the food was destroyed. See below for the disposition of foods.

Qty	Size	Product Description/ Brand Name	Donated	Or Destroyed	Date of Donation	Total Purchase Retail
Total						

**All receipts must be included with this form (Both Sales receipt and donation receipt)

Store Representative / Date

Store – Print name

Local Agency Signature / Date

LA - Print Name

State Signature / Date

State – Print Name

