WIC Compliance Buy- Check Log

Check _____ Of _____ Used during compliance buy date: _____ Vendor # _____

WIC Check – *(Fill out before performing compliance buy.)*

Check Number:
(attached copy)

FIRST DAY TO USE / / LAST DAY TO USE / /

Quantity	Size	Item Description

WIC Check Foods Purchased with above check number (attach picture)

Quantity	**Size**	**Item Description & Manufacturer**	**Unit Cost**	**Total Cost**	**Check if Non-Auth WIC Item**
		Dollar amount written/printed on Food Instrument	Total: $		

Attach receipt if given

List of foods NOT purchased on WIC Check

Quantity	**Size**	**Item Description**	**Reason:**

Violation items are to be kept as evidence of program noncompliance and submitted to WIC Program

Page #_____ of Page _____ Vendor #_____ Date:_____

DHHS Maine CDC WIC Nutrition Program

Donation List

Check Number: _____

Quantity	Size	Item Description

Food Disposition: ☐ Food Bank ☐ Local Head Start ☐ Local WIC Agency ☐ Non-Profit Program ☐ Other

Name of Food Disposition Center _____

City of Disposition Center _____

I certify that the above listed food items were received by me for use by the organization that I represent.

_____ _____ ___/___/___

Disposition Center Representative Print | Disposition Center Representative Signature | Date

I certify that the above listed food items were donated to the representative and organization listed above.

_____ _____ ___/___/___

Compliance Shopper Print | Compliance Shopper Signature | Date

Page #_____ of Page _____ Vendor #_____ Date:_____