

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

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Vendor # _____ Date: _____

