WIC Formula Acceptance and Reissuance/Donation Log

Clinic Name: _____ **Clinic Number**_____

Instructions: Complete unshaded columns when formula is accepted. Complete shaded columns when formula is reissued, donated or discarded. **

Date Accepted	Source of Formula (i.e., client name & number	Name and Type of Formula*	Qty of Formula	Staff Initials	Date Donated, Reissued, or Discarded	Exp. Date	Lot # **	Provided to:	Staff Initials

*** Type of Formula: C=concentrate P=Powder R=Ready to feed**

**** Lot Number is only required when reissuing formula to a client, not when donating formula to a non-profit organization.**