UPC REQUEST

Michigan Department of Health and Human Services WIC Division

Instructions: Complete the items in the Vendor Information area. Print or type information, and Fax to 517-335-9206. Questions should be directed to 800-942-1636 for Vendor Assistance. If fax is not available mail to Michigan Department of Health and Human Services (MDHHS), Lewis Cass Building – WIC, 320 South Walnut, Lansing, MI 48913.

Telephone requests will not be allowed.

VENDOR INFORMATION							
Vendor Name		Vend	dor WIC Number	Phone N	umber	Fax Number	
Address			City			Zip Code	
PRODUCT INFORMATION	ON						
Food Item: (Example: Milk, Cheese, Tuna, etc.)				Item Pric	е	Package Size (oz)	
Name of Manufacturer							
Food Brand Name							
UPC Code (include all numbers)							
Food Description (Example: Flavor, Type, Added Ingredient, etc.)							
Copy of UPC Code & Label of Food Item Sent (Please Check One)						☐ Yes ☐ No	
Authorized Vendor (Pleas	se Print)						
Authorized Vendor Signature					Date		
STATE USE ONLY							
Date Received	Received By		Date Reviewed		Reviewed By		
Decision	Approved		Not Approved		Review Pending		
Reason							
Date UPC Entered Ent	ered By	Category	Sub	Category	Ve	endor Peer Group	
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