RETURNED INFANT FORMULA - PARTICIPANT ACKNOWLEDGEMENT

LOCAL AGENCY	CLINIC

This will certify that I, _____, WIC ID# _____ returned the following amount of WIC formula:

Name of Formula	Container Size	Quantity

Check Type of Formula

☐Powder ☐ Concentrate ☐ Ready to Use

Reason for formula return: _____

AR/AAR Signature: _____ Date: _____

WIC Staff Signature: _____ Date: _____

FORMULA PROCESSING - WIC STAFF USE ONLY

#1 WIC Staff Signature: _____ Date: _____

#2 WIC Staff Signature: _____ Date: _____