

Alternate Special Formula Order Packing Slip

This form must be completed and emailed to the NV WIC State Agency (WICgeneral@health.nv.gov) **within 24 hours of accepting a special formula order with no packing slip.**

Vendor:

Clinic Number:

Formula:

PO#:

Quantity:

Participants Name:

Received by:

Print Name

Signature

Date:

