



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**MISSOURI WIC PRODUCT SUBMISSION**



<b>SUBMITTER</b>	
NAME AND COMPANY	EMAIL
WIC VENDOR NUMBER (IF APPLICABLE)	TELEPHONE

**PRODUCT INFORMATION**

Please provide the following information for each product and attach clear images:

UPC (Include ALL digits on barcode and image.)	PRODUCT DESCRIPTION (Include brand, type, flavor, and front image of the product.)	SIZE (e.g., ounce, pound, gallon)	NUTRITION PANEL AND INGREDIENT LIST IMAGES		COMMENT (e.g., retail price, discontinued)
9-87564-32109-8	Any Brand 1% Milk	1 Gallon			

Please submit this document by email to [MOWICVendorGroup@health.mo.gov](mailto:MOWICVendorGroup@health.mo.gov)  
This institution is an equal opportunity provider.