



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WIC AND NUTRITION SERVICES

RECEIPT OF DONATED WIC FORMULA AND WIC-ELIGIBLE NUTRITIONALS

LOCAL AGENCY NAME/CLINIC	LOCAL AGENCY NUMBER
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RECEIVING ORGANIZATION INFORMATION

NAME
TELEPHONE NUMBER
ADDRESS

**FORMULA/WIC-ELIGIBLE NUTRITIONALS
DONATION INFORMATION**

PRODUCT NAME	AMOUNT	PRODUCT NAME	AMOUNT

Per Missouri WIC policy 2.3.080, the Missouri WIC Program is protected from liability when donating formula or WIC-eligible nutritionals in accordance with the Bill Emerson Good Samaritan Act.

ORGANIZATION REPRESENTATIVE SIGNATURE	DATE
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ORGANIZATION REPRESENTATIVE PRINTED NAME AND TITLE

WIC STAFF SIGNATURE	DATE
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WIC STAFF PRINTED NAME AND TITLE