MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WIC AND NUTRITION SERVICES

EQUIPMENT RETURN AND TRANSFER FORM

LOCAL AGENCY CLINIC NAME:	AGENCY/SITE NUMBER:
ADDRESS OF CLINIC WHERE EQUIPMENT IS LEAVING:	
ADDRESS OF CLINIC WHERE EQUIPMENT WILL BE TRANSFERRED (IF APPLICABLE):	

List all equipment being returned or transferred to another clinic and the tag number, if available. Indicate if the item will be returned to the state agency (SA) or will be transferred to another clinic within your agency.

Item and Quantity	WIC Tag Number(s)	Returning to SA	Transfer to another Clinic (address above)

This institution is an equal opportunity provider.