Participant WIC ID #	**Formula Name**	**Quantity** *(cans/ bottles or packs)*	**Date Received**	**Staff Initials (rec'd)**	**Action** *(Donation or Disposal)*	**Quantity**	**Date**	**Organization Accepting Donated Formula**	**Staff Initials**
Example: 1111111	Enfamil Gentlease	8 cans	10/25/19	JC	Donation	6	10/31/19	Joplin City Health Department	JC RS
					Disposal	2	10/25/19		JC RS