

COMPLETE THE FOLLOWING IF FAXING:

COMPLETE REPORT PRICE UPDATE

PREPARED BY: (Please Print) _____

VENDOR NAME: (Please Print) _____

REPORT DUE JAN. APRIL JULY OCT.

DATE COMPLETED _____

**TENNESSEE DEPARTMENT OF HEALTH
WIC GROCER PRICE REPORT (CONT.)**

**SUBMIT YOUR HIGHEST REGULAR SHELF PRICE OF WIC APPROVED FOODS.
(NO SALE PRICES)**

JUICE		Orange 12 oz frozen (any brand)	\$.	
(When available, report price of plastic bottle. Includes calcium fortified products. No juices from dairy case except 64 oz orange. No organic.)	Northland Cranberry	48 oz	\$.	
	Lucky Leaf Apple	48 oz	\$.	
	Seneca Apple	48 oz	\$.	
	Juicy Juice	48 oz	\$.	
	V-8		64 oz	\$.
	Welch's Grape		64 oz	\$.
		Orange 64 oz refrigerated (any brand)		\$.
		Juice Boxes 8pk 6.75 oz boxes		\$.
	PEANUT BUTTER (No added ingredients. No spreads. No organic.)		16--18 oz jar	\$.
	DRIED BEANS PEAS (No added ingredients or seasonings. No organic.)		16 oz bag	\$.
CANNED BEANS (No added meat, sauces or spices. No organic. See Cashier Card for list of eligible varieties.)		15--16oz can	\$.	
FISH				
	Sardines	3.75 oz can	\$.	
	Light Tuna (No albacore or yellowfin.)	5 oz can	\$.	
	Salmon (Pink or red.)	14.75 oz can	\$.	
	Jack Mackerel	15 oz can	\$.	
(For all fish: Can be oil or water packed. Added sauces & flavorings, e.g., tomato sauce, mustard or lemon allowed. Bones or skin allowed. No organic.)				
CEREAL				
(If those to the right are not stocked, report name and price of highest priced eligible 12 oz cereal carried on the blank line. See Cashier Card for list of eligible cereals.)	Rice Krispies	12 oz box	\$.	
	Product 19	12 oz box	\$.	
	Kix	12 oz box	\$.	
	Cream of Wheat Instant packs	12 oz box	\$.	
			12 oz box or bag	\$.
BREAD, BUNS, & ROLLS				
(Eligible products must be in 16 oz packages. If those to the right are not stocked, report name and price of highest priced eligible 16 oz bread, buns, or rolls carried on the blank line. See Cashier Card for list of eligible products.)	Pepperidge Farm 100% Whole Wheat, Very Thin Sliced Bread		\$.	
	Sara Lee Classic 100% Whole Wheat Bread		\$.	
	Bunny 100% Whole Wheat Bread		\$.	
				\$.
TORTILLAS				
(Eligible products must be in 16 oz packages. If those to the right are not stocked, report name and price of highest priced eligible 16 oz tortillas carried on the blank line. See Cashier Card for list of eligible products.)	Ortega Whole Wheat		\$.	
	Mission 100% Whole Wheat, Yellow Corn ExtraThin		\$.	
	La Banderita Whole Wheat		\$.	
				\$.
OTHER GRAINS				
(Can be instant, quick or regular cooking. No organic. 16 oz pkg includes box or bag.)	Brown Rice	16 oz	\$.	
	Bulgur (Cracked Wheat)	16 oz	\$.	
	Whole Grain Barley (No pearled)	16 oz	\$.	
	Oatmeal	16 oz	\$.	
	Whole Wheat Pasta	16 oz	\$.	
(Can be any brand on these items except for whole wheat pasta.) (Hodgson Mill, Gia Russa, Barilla, Ronzoni and store brand/private label as listed on Cashier Card.)				

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**TENNESSEE DEPARTMENT OF HEALTH
WIC GROCER PRICE REPORT**



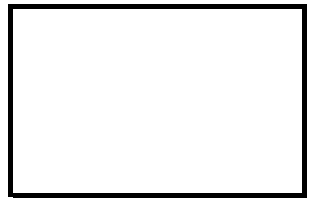
VENDOR NAME: _____

FAILURE TO SUBMIT IS A VIOLATION OF THE VENDOR AGREEMENT. DUE BY THE 5TH DAY OF THE REPORTING PERIOD.

To collect representative prices, NOT to be used as a food list.

FOR REPORT DUE: JAN. APRIL JULY OCT.

DATE COMPLETED: _____
MONTH DATE YEAR



Place WIC Vendor Stamp Here

DATE RECEIVED (WIC OFFICE USE): _____

**SUBMIT YOUR HIGHEST REGULAR SHELF PRICE OF WIC APPROVED FOODS.
(NO SALE PRICES)**

INFANT FORMULA	Concentrate	Powder	Ready-to-Feed
Similac Advance	13 oz \$.	12.4 oz \$.	32 oz \$.
Similac Soy Isomil	13 oz \$.	12.4 oz \$.	32 oz \$.
Similac Sensitive		12 oz \$.	32 oz \$.
Similac Total Comfort		12 oz \$.	
Similac for Spit Up		12.3 oz \$.	32 oz \$.
INFANT FRUITS/VEGETABLES (Stage 2 or 2nd Foods. Single or mixed ingredient. No organic.)			4 oz container \$.
INFANT MEAT (Single ingredient in broth or gravy. No organic.)			Twin Pack (4 oz containers) \$.
INFANT CEREAL (Single or mixed grains. No organic.)			2.5 oz jar \$.
			8 oz box \$.

FLUID MILK (Other than Lactose Reduced/Lactose Free milk. No organic.)		gallon \$.
LACTOSE REDUCED/LACTOSE FREE	Quart \$.	1/2 gal \$.

NON-FAT DRY MILK (No organic.)		9.6 oz container \$.
EVAPORATED MILK (No organic.)		12 oz can \$.
TOFU (Organic tofu allowed) (Nasoya Silken and Azumaya Firm and Extra Firm)		16 oz pkg \$.
BUTTERMILK (Regular or low fat. No organic.)		1 qt \$.
YOGURT (Yoplait, Dannon, Oikos and store brand/private label as listed on Cashier Card. No organic.)		32 oz tub \$.
GOATS MILK	Quart \$.	1/2 gal \$.
	Powdered 12 oz container	\$.
ULTRA HIGH TEMPERATURE MILK UHT		1 qt \$.

SOY BEVERAGE (Organic soy beverage allowed.) (8th continent: Original, Vanilla; Pacific Natural: Ultra Soy Plain, Ultra Soy Vanilla; Silk Original {No Twin Packs})	Quart \$.	1/2 gal \$.
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EGGS (No brown eggs or specialty eggs, including organic.)	Dozen grade A Large	\$.
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CHEESE (Report only store brand unless not carried. If stocked, report total price of two 8 oz packages instead of one 16 oz package. No organic.) (Cabot Cheese is to be reported in addition to the above.)	1 lb Process American	\$.
	1 lb Cheddar	\$.
	1 lb Mozzarella	\$.
	1 lb Swiss/Provolone/Muenster	\$.
	1 lb Cabot	\$.