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**UPC Update Request Form** Effective Date: August 24, 2018

[ ]  Local Agency **[ ]** Vendor **[ ]** Other

|  |  |
| --- | --- |
| Requester / Business Name       |  Address       |
|  Phone Number        | **Submission Date**  |
| Contact Name       | **Email**  |

Mark only one of the following:

 [ ]  Add [ ]  Change [ ]  Delete

|  |  |
| --- | --- |
| **UPC**  | **Item Category** Choose an item. |
| **Brand Name**  | **Item Description**  |
| **Package Size**  | **Item Price**  |

 Email this form and product container label images including a nutrition label and ingredient listing as attachments to: WICVendormail@isdh.in.gov

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| --- |
| **THIS SECTION TO BE COMPLETED BY STATE WIC OFFICE****[ ]** UPC Update Approved**[ ]** UPC Update DeniedComments:      Vendor Consultant Name:       Date:        |