



State of Alaska  
 Department of Health & Social Services  
 Division of Public Assistance  
 Nutrition Services – WIC  
 PO Box 110612  
 Juneau, Alaska 99811-0612

**Order Form for WIC Vendor Supplies**

**Vendor Name:** \_\_\_\_\_ **Vendor #:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Requested By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please indicate the quantity needed and fax this form to (907) 465-3416  
 or email to [wic@alaska.gov](mailto:wic@alaska.gov); questions call (907) 465-3100*

**Item Description**

**Quantity**

WIC Approved Shelf Tags (packets of 50) \_\_\_\_\_

“WIC Accepted Here” sign \_\_\_\_\_

“WIC Accepted Here” window decal \_\_\_\_\_

Vendor Manual (including policies & procedures) \_\_\_\_\_

WIC Approved Food List \_\_\_\_\_

Other requests (please describe and include quantity):  
 \_\_\_\_\_  
 \_\_\_\_\_

Please submit requests to:  
**by mail:** State of Alaska DHSS  
 Division of Public Assistance  
 Nutrition Services – WIC  
 PO Box 110612  
 Juneau, Alaska 99811-0612  
**by email:** [wic@alaska.gov](mailto:wic@alaska.gov)  
**by fax:** (907) 465-3416