****

**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](mailto:WICVendormail@isdh.in.gov)

|  |
| --- |
| **THIS SECTION TO BE COMPLETED BY STATE WIC OFFICE**  UPC Update ApprovedUPC Update Denied  Comments:  Vendor Consultant Name:       Date: |