## Virginia WIC Program UPC Update Request Form

Effective Date: January 1, 2014 Retailer Local Agency Other Store Name **WIC ID** Store Phone **Submission Date Contact Name Email** Mark only one of the following: □ Add ☐ Change ☐ Delete **UPC Food Category Manufacturer Name Food Description Brand Name** Package Size Package Quantity Item Price Availability Promotional ☐ Statewide ☐ Regional ☐ Yes □ No Attach container label images including ingredients. List number and description of attachments. Comments: THIS SECTION TO BE COMPLETED BY STATE WIC OFFICE ☐ UPC Update Denied ☐ UPC Update Approved Comments: UPC Gatekeeper Signature \_\_\_\_\_\_ Date \_\_\_\_\_