## 8.12 Attachment #1

## WV WIC Inventory Audit Reporting Form

Vendor:	
Vendor #:	
Vendor Peer Group:	
Vendor Address:	
Vendor City, State, Zip:	
SECTION I –Vendor Information	
Store Representative:	Date:
State WIC Representative:	FFY:

## **SECTION II – Inventory Count**

Use this section to complete a FULL inventory count for all of the selected WIC Approved Food Items that appear below. All inventory located on the Vendor's premises at the time of the visit must be counted (including on the shelves, in the sales area, stock/store rooms, storage areas, behind the counter, etc). If the reviewer is not able to reach the Food Items, the Vendor must make the Food Items available for review (getting items down off of shelves, off pallets, etc.). Expired Food Items must be noted below and subtracted from the total inventory count.

WIC Category / Subcategory	Item Brand / Description	Item UPC	Shelf Qty	Storage Qty	# Expired	Total Qty	Notes/Comments
Item Sample	Sample Description	12456789	12	5	1	16	Removed 1 expired item
Other:							
Other:							
Other:							

## **SECTION III – Acknowledgement and Signatures**

By signing below, the vendor representative acknowledges that they have reviewed this form and that the inventory for all WIC Approved Food Items (found on shelves, in the sales area, stock/store rooms, storage areas, behind the counter, etc.) have been counted as indicated above.

Vendor Representative Signature	Date	WIC Reviewer Signature	Date
For State Use Only - To Complete After the Revie	w Process	·	
Did the reviewer notice anything during the visi	it that might warrant ad	ditional investigation? If yes, please comment below.	. Yes No