

Texas WIC Materials Order Form

Contact Person: _____ **Phone:** _____
Title: _____
Local Agency: _____ **WICLA #** _____
Organization: _____
Mail Materials To: _____

City/State: _____ **Zip:** _____
Telephone No: _____
Fax No: _____
Authorizing Signature: _____

Please fax or mail your WIC order form to:
 Texas Department of State Health Services
 Attn: Publication Coordinator
 Nutrition Services - WIC
 1100 W. 49th Street, Room M-260
 Austin, Texas 78756-3199

Fax (512) 458-7445

Website to Obtain Copy of Form:
www.tdh.state.tx.us/wichd/gi/materials.pdf

WAREHOUSE USE ONLY:

Invoice# _____
Date Filled _____
Filled by _____

Please Print Name: _____

In order to assist us in providing more efficient service please allow a maximum of 14 working days to receive your order. Also please order a 3-6 months supply if storage permits. Please direct any questions, concerns or compliments to the Publication Coordinator, at (512) 458-7111, ext. 3418.

#	Item Title/Description (Please Print)	Stock #	Language	Quantity
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

DATE: _____	Make copies of this form to order materials from the WIC Program Warehouse. KEEP A COPY OF THIS COMPLETED FORM FOR YOUR RECORDS
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Out of State requests will only receive (1) copy.

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