

**WISE COST REPORT (227-A)  
NUTRITION SERVICES AND ADMINISTRATIVE EXPENDITURES (NSA)**

|  |                           |                    |                        |               |               |                 |
|--|---------------------------|--------------------|------------------------|---------------|---------------|-----------------|
| 1. PUBLIC HEALTH REGION OR LOCAL AGENCY NAME AND ADDRESS:                          |                           |                    |                        |               |               | 2. LA NUMBER:   |
| 3. PERIOD COVERED:<br>FROM: March 1st<br>TO: March 31st                            |                           |                    |                        |               |               | 4. FISCAL YEAR: |
| PROGRAMS/<br>FUNCTIONS/<br>ACTIVITIES  | GENERAL<br>ADMINISTRATION | CLIENT<br>SERVICES | NUTRITION<br>EDUCATION | BREASTFEEDING | IMMUNIZATIONS | TOTAL           |
| TOTAL OUTLAYS  | 5.                        | 6.                 | 7.                     | 8.            | 9.            | 10.             |
| 11. TOTAL NUMBER OF WIC IMMUNIZATIONS GIVEN DURING THE MONTH AT THIS LOCAL AGENCY: |                           |                    |                        |               |               |                 |
| 12. SIGNATURE OF CERTIFYING OFFICIAL:  |                           |                    |                        |               |               |                 |
| 13. NAME AND TITLE:  |                           |                    |                        |               |               |                 |
| 14. DATE REPORT SUBMITTED:   |                           |                    |                        |               |               |                 |
| 15. TELEPHONE NUMBER (AREA CODE/NUMBER AND EXTENSION):                             |                           |                    |                        |               |               |                 |
| REMARKS:   |                           |                    |                        |               |               |                 |