



## Returned Formula Tracking Log



Clinic Name: \_\_\_\_\_ Month / Year: \_\_\_\_\_

Date Formula was Returned:	Name of Formula	Number of Containers Returned			WIC Identification #	Formula Donated or Destroyed
		Powder	Concentrate	Ready to Use		

<b>Confirmation of Formula Donation and Destruction</b>	Name of Community Food Program Receiving Donation:		Date:
	WIC Staff Signature: _____		Date:

**\*Formula not suitable for donation must be destroyed based on Policy NS – 210.21 Returned Formulas and WIC-eligible Nutritionals.**