

Approval Request Form for Oregon WIC Local Agency Capital Expenditures

Date Submitted:

Requesting Agency	Contact Person (Name and Title)	Phone Number/E-mail
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1. What is the agency requesting to purchase? Specify item, quantity, if applicable, and total anticipated expenditure amount.

2. How will the item(s) purchased be used?
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3. Will the item(s) be used by other non-WIC staff or programs?	Yes	No
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4. If yes, enter staff or program(s) name:
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5. Will any agency or county general funds be used in addition to WIC funds?	Yes	No
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6. When does the expenditure need to be made? (Please be specific.)

7. Additional information and/or comments:
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State WIC use only:

NC recommendation(s) to managers:

Date received:	Approved	Yes	No
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Name:	Signature:	Date:
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