



Farm Direct Nutrition Program
Documentation of Voucher Inventory
Initial Receipt of Vouchers

Local programs must verify the **initial receipt** of vouchers from the State WIC Program. Two staff members must conduct the verification. Keep this form on file for a minimum of three years.

Local Agency: _____ Clinic: _____

Inventory Date: _____

Signatures of Staff #1: _____

Staff #2: _____

Documentation of Inventory

1. Number of vouchers sent from State WIC Program according to the TWIST "FM Administration" screen: (enter after verifying vouchers)

2. Number of vouchers received from State WIC Program: _____

3. Are vouchers kept in locked cabinet or secure storage area when not attended?

Yes ____

No ____

Comments:



Farm Direct Nutrition Program
Documentation of Voucher Inventory
Midseason Physical Inventory

Local programs must be able to account for all vouchers received from the State WIC Program at all times. A physical inventory must be completed and verified by two staff members. Conduct this inventory at least once **after** the start of the issuance period and keep this form on file for a minimum of three years.

Local Agency: _____ Clinic: _____

Inventory Date : _____

Signatures of Staff #1: _____

Staff #2: _____

Documentation of Inventory

1. Number of available voucher booklets to date, according to the TWIST "FM Administration" screen: _____
2. Number of booklets counted: _____
3. Are **available** voucher booklets kept in locked cabinet or secure storage area when not attended?

Yes _____ No _____

Comments: