

Local Agency Expense Form – WIC Program Activities
INCLUDE these expenses on your next monthly claim for reimbursement.

Local Agency: _____

CIRCLE Activity for which you are requesting funds:

MN WIC Workgroup (specify)*	WIC-Sponsored Training (specify) (If approved)	Other (please specify):
WIC / Vendor Advisory Group*	Regional Meeting (circle) NE NW SE SW WC EC SC Metro <i>Mileage & Parking Only</i>	Medical Formula Shipping

Instructions for table below:

- **Advisory Group/WIC Workgroup Meetings:** *Lodging/Meals: will be covered as needed and for the AG Chair to attend the NWA annual meeting. (See link for [tribal rates](#).)
- **WIC-Sponsored Training: only** trainings announced by the State WIC office as eligible for additional funding.
- **Formula Shipping:** List shipping expenses.
- **Mileage:** List round trip miles to the WIC meeting; to be reimbursed at current IRS rate (unless agency notes a different rate) for most direct route.
- **Staff/Event:** List each person who attended an event (one name/line); identify the event and the date(s).
- **Local Agency signature:** This *must be* someone at the local agency **authorized to approve these expenses**.
- **Receipts:** Keep all receipts supporting these expenses at your local agency for review upon request. Do not submit them to MDH.
- This form will enable MDH to **increase your WIC grant** by the total on this form. It will **not generate** a separate payment.

<i>Name of Staff who attended event</i>	<i>Event & Date(s)</i>	<i>Miles (Round Trip)</i>	<i>Mileage Costs (miles x rate)</i>	<i>Parking* (see above)</i>	<i>Meals* (see above)</i>	<i>Lodging* (see above)</i>	<i>Formula Shipping</i>	<i>Total</i>	
Use additional sheets as necessary								Grand Total	

Send completed and signed form to your State WIC Consultant.

Local Agency SUPERVISOR: _____ Date: _____ Phone: _____

Signature and Title

Consultant Initials/Date: _____ WIC Supervisor Approval: _____ Date: _____