

Memo of Receipt CNSS Nutritional Product Order

If the packing slip for a delivered order is lost, misplaced, or was never received:

Please complete all sections below and email to NSB.PHNUReceipts@dhhs.nc.gov within 24 hours of product delivery.

Today's Date: _____

Local WIC Agency Name: _____

Ordered Product

Manufacturer: _____

Product name: _____

Quantity: _____ cases

Flavor (if applicable): _____

Received Product

Product name: _____

Flavor (if applicable): _____

Quantity: _____ cases

Date of product delivery: _____

Receiving staff member signature: _____

Optional: Order Notes
