

<p><b>LOUISIANA WIC PROGRAM</b></p> <p><b>FOOD INSTRUMENT AND CASH VALUE VOUCHER TRANSACTION PROCEDURE (WIC 33)</b></p> <p><b>TRAINING LOG</b></p>
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**VENDOR NUMBER:** \_\_\_\_\_ **VENDOR/STORE NAME:** \_\_\_\_\_

**VENDOR ADDRESS:** \_\_\_\_\_

By signing this document, I acknowledge that I have discussed the contents of the **Louisiana WIC Program Food Instrument and Cash Value Voucher Transaction and Procedure (WIC-33)** with my employer or their representative; and clearly understand the policies and procedures contained therein.

	Name of Employee	Employee ID (Optional)	Signature of Employee	Date Employee Signed	Supervisor/HR Rep Initials
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