

## MISSOURI WIC PROGRAM INFANT FORMULA REBATE BILLING

MONTH: July 2024

Invoice Date: August 8, 2024

LIST NO.	FORMULA	UNITS REDEEMED	REBATE/CAN	TOTAL REBATE
	<b>SIMILAC ADVANCE</b>			
55957	12.4 oz powder	52,056	\$20.780	\$1,081,723.68
55957	12.4 oz powder (Appeals)	4	\$20.780	\$83.12
56973	13 oz concentrate	606	\$5.710	\$3,460.26
53363	32 oz RTF	810	\$3.220	\$2,608.20
	<b>SIMILAC SENSITIVE</b>			
57539	12.5 oz powder	34,285	\$21.995	\$754,098.58
57533	32 oz RTF	717	\$3.220	\$2,308.74
	<b>SIMILAC SOY ISOMIL</b>			
55963	12.4 oz powder	5,237	\$22.976	\$120,325.31
56975	13 oz concentrate	226	\$6.124	\$1,384.02
67012	32 oz RTF	189	\$3.437	\$649.59
	<b>SIMILAC TOTAL COMFORT</b>			
62599	12.6 oz powder	27,011	\$21.995	\$594,106.95
	<b>TOTAL</b>	<b>121,141</b>		<b>\$2,560,748.45</b>

**TOTAL REBATE \$2,560,748.45**

## MISSOURI WIC PROGRAM INFANT FORMULA REBATE BILLING

MONTH: August 2024

Invoice Date: September 12, 2024

LIST NO.	FORMULA	UNITS REDEEMED	REBATE/CAN	TOTAL REBATE
	<b>SIMILAC ADVANCE</b>			
55957	12.4 oz powder	51,992	\$20.780	\$1,080,393.76
55957	12.4 oz powder (Appeals)	30	\$20.780	\$623.40
56973	13 oz concentrate	588	\$5.710	\$3,357.48
53363	32 oz RTF	956	\$3.220	\$3,078.32
	<b>SIMILAC SENSITIVE</b>			
57539	12.5 oz powder	34,098	\$21.995	\$749,985.51
57539	12.5 oz powder (Appeals)	19	\$21.995	\$417.91
57533	32 oz RTF	769	\$3.220	\$2,476.18
	<b>SIMILAC SOY ISOMIL</b>			
55963	12.4 oz powder	5,241	\$22.976	\$120,417.22
55963	12.4 oz powder (Appeals)	7	\$22.976	\$160.83
56975	13 oz concentrate	173	\$6.124	\$1,059.45
67012	32 oz RTF	220	\$3.437	\$756.14
	<b>SIMILAC TOTAL COMFORT</b>			
62599	12.6 oz powder	26,972	\$21.995	\$593,249.14
62599	12.6 oz powder (Appeals)	18	\$21.995	\$395.91
	<b>TOTAL</b>	<b>121,083</b>		<b>\$2,556,371.25</b>

**TOTAL REBATE \$2,556,371.25**

## MISSOURI WIC PROGRAM INFANT FORMULA REBATE BILLING

MONTH: September 2024

Invoice Date: October 9, 2024

LIST NO.	FORMULA	UNITS REDEEMED	REBATE/CAN	TOTAL REBATE
	<b>SIMILAC ADVANCE</b>			
55957	12.4 oz powder	50,876	\$20.780	\$1,057,203.28
55957	12.4 oz powder (Appeals)	27	\$20.780	\$561.06
56973	13 oz concentrate	496	\$5.710	\$2,832.16
53363	32 oz RTF	886	\$3.220	\$2,852.92
	<b>SIMILAC SENSITIVE</b>			
57539	12.5 oz powder	33,190	\$21.995	\$730,014.05
57539	12.5 oz powder (Appeals)	10	\$21.995	\$219.95
57533	32 oz RTF	867	\$3.220	\$2,791.74
	<b>SIMILAC SOY ISOMIL</b>			
55963	12.4 oz powder	5,167	\$22.976	\$118,716.99
55963	12.4 oz powder (Appeals)	4	\$22.976	\$91.90
56975	13 oz concentrate	167	\$6.124	\$1,022.71
67012	32 oz RTF	148	\$3.437	\$508.68
	<b>SIMILAC TOTAL COMFORT</b>			
62599	12.6 oz powder	26,903	\$21.995	\$591,731.49
62599	12.6 oz powder (Appeals)	3	\$21.995	\$65.99
	<b>TOTAL</b>	<b>118,744</b>		<b>\$2,508,612.91</b>

**TOTAL REBATE \$2,508,612.91**

## MISSOURI WIC PROGRAM INFANT FORMULA REBATE BILLING

MONTH: October 2024

Invoice Date: November 8, 2024

LIST NO.	FORMULA	UNITS REDEEMED	REBATE/CAN	TOTAL REBATE
	<b>SIMILAC ADVANCE</b>			
55957	12.4 oz powder	52,334	\$20.780	\$1,087,500.52
55957	12.4 oz powder (Appeals)	5	\$20.780	\$103.90
56973	13 oz concentrate	477	\$5.710	\$2,723.67
53363	32 oz RTF	837	\$3.220	\$2,695.14
	<b>SIMILAC SENSITIVE</b>			
57539	12.5 oz powder	34,154	\$21.995	\$751,217.23
57533	32 oz RTF	870	\$3.220	\$2,801.40
	<b>SIMILAC SOY ISOMIL</b>			
55963	12.4 oz powder	5,356	\$22.976	\$123,059.46
56975	13 oz concentrate	225	\$6.124	\$1,377.90
67012	32 oz RTF	168	\$3.437	\$577.42
	<b>SIMILAC TOTAL COMFORT</b>			
62599	12.6 oz powder	28,234	\$21.995	\$621,006.83
	<b>TOTAL</b>	<b>122,660</b>		<b>\$2,593,063.46</b>

**TOTAL REBATE \$2,593,063.46**

## MISSOURI WIC PROGRAM INFANT FORMULA REBATE BILLING

MONTH: November 2024

Invoice Date: December 13, 2024

LIST NO.	FORMULA	UNITS REDEEMED	REBATE/CAN	TOTAL REBATE
	<b>SIMILAC ADVANCE</b>			
55957	12.4 oz powder	50,786	\$20.780	\$1,055,333.08
55957	12.4 oz powder (Appeals)	7	\$20.780	\$145.46
56973	13 oz concentrate	457	\$5.710	\$2,609.47
53363	32 oz RTF	789	\$3.220	\$2,540.58
	<b>SIMILAC SENSITIVE</b>			
57539	12.5 oz powder	32,749	\$21.995	\$720,314.26
57533	32 oz RTF	782	\$3.220	\$2,518.04
	<b>SIMILAC SOY ISOMIL</b>			
55963	12.4 oz powder	5,056	\$22.976	\$116,166.66
56975	13 oz concentrate	156	\$6.124	\$955.34
67012	32 oz RTF	130	\$3.437	\$446.81
	<b>SIMILAC TOTAL COMFORT</b>			
62599	12.6 oz powder	27,952	\$21.995	\$614,804.24
	<b>TOTAL</b>	<b>118,864</b>		<b>\$2,515,833.94</b>

**TOTAL REBATE \$2,515,833.94**

## MISSOURI WIC PROGRAM INFANT FORMULA REBATE BILLING

MONTH: December 2024

Invoice Date: January 15, 2025

LIST NO.	FORMULA	UNITS REDEEMED	REBATE/CAN	TOTAL REBATE
	<b>SIMILAC ADVANCE</b>			
55957	12.4 oz powder	50,513	\$20.780	\$1,049,660.14
55957	12.4 oz powder (Appeals)	84	\$20.780	\$1,745.52
56973	13 oz concentrate	628	\$5.710	\$3,585.88
53363	32 oz RTF	855	\$3.220	\$2,753.10
	<b>SIMILAC SENSITIVE</b>			
57539	12.5 oz powder	32,267	\$21.995	\$709,712.67
57539	12.5 oz powder (Appeals)	54	\$21.995	\$1,187.73
57533	32 oz RTF	857	\$3.220	\$2,759.54
	<b>SIMILAC SOY ISOMIL</b>			
55963	12.4 oz powder	5,125	\$22.976	\$117,752.00
55963	12.4 oz powder (Appeals)	16	\$22.976	\$367.62
56975	13 oz concentrate	120	\$6.124	\$734.88
67012	32 oz RTF	192	\$3.437	\$659.90
	<b>SIMILAC TOTAL COMFORT</b>			
62599	12.6 oz powder	28,027	\$21.995	\$616,453.87
62599	12.6 oz powder (Appeals)	33	\$21.995	\$725.84
	<b>TOTAL</b>	<b>118,771</b>		<b>\$2,508,098.68</b>

**TOTAL REBATE \$2,508,098.68**

## NEBRASKA WIC PROGRAM

### Abbott Nutrition Rebate Invoice Redemption Month: July 2024

UPC DESCRIPTION	REDEEMED	REBATE AMOUNT	INVOICE AMOUNT
21-083 Similac Advance Concentrate 13 oz.	79	5.7100	\$451.09
21-082 Similac Advance Powder 12.4 oz.	22,909	20.7800	\$476,049.02
21-084 Similac Advance Ready to Feed 32 oz.	73	3.2200	\$235.06
21-034 Similac Sensitive Powder 12.6 oz.	9,194	21.9950	\$202,222.03
21-036 Similac Sensitive Ready to Feed 32 oz.	105	3.2200	\$338.10
21-031 Similac Soy Isomil Powder 12.4 oz.	1,309	22.9760	\$30,075.58
21-088 Similac Total Comfort Powder 12.6 oz.	8,838	21.9950	\$194,391.81
<b>TOTALS</b>			<b>\$903,762.69</b>
Infants Served During Month:			
Breastfed	1,368		
Supplemented with Formula	2,008		
Formula Fed	5,078		
Total	8,454		

I certify that the above information is true and correct to the best of my knowledge.  
Payment is due within 30 days of invoice postmark date.

Dept of Health and Human Services  
301 Centennial Mall South  
Attn: Nebraska WIC Program  
PO Box 95026  
Lincoln, NE 68509-5026

Send Rebate Invoice to:  
Attn: Abbott Laboratories  
625 Cleveland Ave  
Columbus, OH 43215

## NEBRASKA WIC PROGRAM

### Abbott Nutrition Rebate Invoice Redemption Month: August 2024

UPC DESCRIPTION	REDEEMED	REBATE AMOUNT	INVOICE AMOUNT
21-083 Similac Advance Concentrate 13 oz.	77	5.7100	\$439.67
21-082 Similac Advance Powder 12.4 oz.	22,362	20.7800	\$464,682.36
21-084 Similac Advance Ready to Feed 32 oz.	81	3.2200	\$260.82
21-034 Similac Sensitive Powder 12.6 oz.	8,938	21.9950	\$196,591.31
21-036 Similac Sensitive Ready to Feed 32 oz.	60	3.2200	\$193.20
21-031 Similac Soy Isomil Powder 12.4 oz.	1,258	22.9760	\$28,903.81
21-088 Similac Total Comfort Powder 12.6 oz.	8,759	21.9950	\$192,654.20
<b>TOTALS</b>			<b>\$883,725.37</b>

Infants Served During Month:	
Breastfed	0
Supplemented with Formula	0
Formula Fed	0
Total	0

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Payment is due within 30 days of invoice postmark date.

Dept of Health and Human Services  
301 Centennial Mall South  
Attn: Nebraska WIC Program  
PO Box 95026  
Lincoln, NE 68509-5026

Send Rebate Invoice to:  
Attn: Abbott Laboratories  
625 Cleveland Ave  
Columbus, OH 43215

## NEBRASKA WIC PROGRAM

### Abbott Nutrition Rebate Invoice Redemption Month: September 2024

UPC DESCRIPTION	REDEEMED	REBATE AMOUNT	INVOICE AMOUNT
21-083 Similac Advance Concentrate 13 oz.	47	5.7100	\$268.37
21-082 Similac Advance Powder 12.4 oz.	22,532	20.7800	\$468,214.96
21-084 Similac Advance Ready to Feed 32 oz.	25	3.2200	\$80.50
21-034 Similac Sensitive Powder 12.6 oz.	8,967	21.9950	\$197,229.16
21-036 Similac Sensitive Ready to Feed 32 oz.	66	3.2200	\$212.52
21-031 Similac Soy Isomil Powder 12.4 oz.	1,172	22.9760	\$26,927.87
21-088 Similac Total Comfort Powder 12.6 oz.	8,801	21.9950	\$193,578.00
<b>TOTALS</b>			<b>\$886,511.38</b>
Infants Served During Month:			
Breastfed	1,344		
Supplemented with Formula	2,099		
Formula Fed	5,116		
Total	8,559		

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Dept of Health and Human Services  
301 Centennial Mall South  
Attn: Nebraska WIC Program  
PO Box 95026  
Lincoln, NE 68509-5026

Send Rebate Invoice to:  
Attn: Abbott Laboratories  
625 Cleveland Ave  
Columbus, OH 43215

## NEBRASKA WIC PROGRAM

### Abbott Nutrition Rebate Invoice Redemption Month: October 2024

UPC DESCRIPTION	REDEEMED	REBATE AMOUNT	INVOICE AMOUNT
21-083 Similac Advance Concentrate 13 oz.	24	5.7100	\$137.04
21-082 Similac Advance Powder 12.4 oz.	23,766	20.7800	\$493,857.48
21-084 Similac Advance Ready to Feed 32 oz.	24	3.2200	\$77.28
21-034 Similac Sensitive Powder 12.6 oz.	8,994	21.9950	\$197,823.03
21-036 Similac Sensitive Ready to Feed 32 oz.	58	3.2200	\$186.76
21-032 Similac Soy Isomil Concentrate 13 oz.	4	6.1240	\$24.50
21-031 Similac Soy Isomil Powder 12.4 oz.	1,260	22.9760	\$28,949.76
21-088 Similac Total Comfort Powder 12.6 oz.	9,418	21.9950	\$207,148.91
<b>TOTALS</b>			<b>\$928,204.76</b>

Infants Served During Month:	
Breastfed	1,338
Supplemented with Formula	2,190
Formula Fed	5,198
Total	8,726

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Dept of Health and Human Services  
301 Centennial Mall South  
Attn: Nebraska WIC Program  
PO Box 95026  
Lincoln, NE 68509-5026

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625 Cleveland Ave  
Columbus, OH 43215

## NEBRASKA WIC PROGRAM

### Abbott Nutrition Rebate Invoice Redemption Month: November 2024

UPC DESCRIPTION	REDEEMED	REBATE AMOUNT	INVOICE AMOUNT
21-083 Similac Advance Concentrate 13 oz.	24	5.7100	\$137.04
21-082 Similac Advance Powder 12.4 oz.	23,206	20.7800	\$482,220.68
21-084 Similac Advance Ready to Feed 32 oz.	90	3.2200	\$289.80
21-034 Similac Sensitive Powder 12.6 oz.	8,752	21.9950	\$192,500.24
21-036 Similac Sensitive Ready to Feed 32 oz.	56	3.2200	\$180.32
21-032 Similac Soy Isomil Concentrate 13 oz.	24	6.1240	\$146.98
21-031 Similac Soy Isomil Powder 12.4 oz.	1,192	22.9760	\$27,387.39
21-088 Similac Total Comfort Powder 12.6 oz.	9,481	21.9950	\$208,534.60
<b>TOTALS</b>			<b>\$911,397.04</b>

Infants Served During Month:	
Breastfed	1,335
Supplemented with Formula	2,174
Formula Fed	5,176
Total	8,685

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Dept of Health and Human Services  
301 Centennial Mall South  
Attn: Nebraska WIC Program  
PO Box 95026  
Lincoln, NE 68509-5026

Send Rebate Invoice to:  
Attn: Abbott Laboratories  
625 Cleveland Ave  
Columbus, OH 43215

## NEBRASKA WIC PROGRAM

### Abbott Nutrition Rebate Invoice Redemption Month: December 2024

UPC DESCRIPTION	REDEEMED	REBATE AMOUNT	INVOICE AMOUNT
21-083 Similac Advance Concentrate 13 oz.	24	5.7100	\$137.04
21-082 Similac Advance Powder 12.4 oz.	23,222	20.7800	\$482,553.16
21-084 Similac Advance Ready to Feed 32 oz.	83	3.2200	\$267.26
21-034 Similac Sensitive Powder 12.6 oz.	8,593	21.9950	\$189,003.04
21-036 Similac Sensitive Ready to Feed 32 oz.	102	3.2200	\$328.44
21-032 Similac Soy Isomil Concentrate 13 oz.	35	6.1240	\$214.34
21-031 Similac Soy Isomil Powder 12.4 oz.	1,096	22.9760	\$25,181.70
21-033 Similac Soy Isomil Ready To Feed 32 oz.	25	3.4370	\$85.92
21-088 Similac Total Comfort Powder 12.6 oz.	9,307	21.9950	\$204,707.46
<b>TOTALS</b>			<b>\$902,478.36</b>

Infants Served During Month:	
Breastfed	1,282
Supplemented with Formula	2,157
Formula Fed	5,096
Total	8,535

I certify that the above information is true and correct to the best of my knowledge.  
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Dept of Health and Human Services  
301 Centennial Mall South  
Attn: Nebraska WIC Program  
PO Box 95026  
Lincoln, NE 68509-5026

Send Rebate Invoice to:  
Attn: Abbott Laboratories  
625 Cleveland Ave  
Columbus, OH 43215

## NORTH DAKOTA WIC PROGRAM

### Abbott Rebate Invoice Redemption Month: July 2024

UPC DESCRIPTION	REDEEMED	REBATE AMOUNT	INVOICE AMOUNT
21-024 Similac Advance concentrate 13 oz.	24	5.7100	\$137.04
21-023 Similac Advance powder 12.4 oz.	4,843	20.7800	\$100,637.54
21-084 Similac Advance RTF 32 oz.	26	3.2200	\$83.72
21-034 Similac Sensitive powder 12.5 oz.	3,529	21.9950	\$77,620.36
21-031 Similac Soy Isomil powder 12.4 oz.	452	22.9760	\$10,385.15
21-088 Similac Total Comfort powder 12.6 oz.	2,323	21.9950	\$51,094.38
<b>TOTALS</b>			<b>\$239,958.19</b>

Infants Served During Month:	
Breastfed	405
Supplemented with Formula	423
Formula Fed	1,398
Total	2,226

I certify that the above information is true and correct to the best of my knowledge.  
Payment is due within 30 days of invoice postmark date.

North Dakota Department of Health  
600 East Boulevard Avenue, Dept. 301  
Attn: Amanda Varriano, ND WIC Director  
Bismarck, ND 58505-0200

Send Rebate Invoice to:  
Attn: Danielle Jonda  
3300 Stelzer Road  
Dept. 106711, RP2-2  
Columbus, OH 43219

## NORTH DAKOTA WIC PROGRAM

### Abbott Rebate Invoice Redemption Month: August 2024

UPC DESCRIPTION	REDEEMED	REBATE AMOUNT	INVOICE AMOUNT
21-024 Similac Advance concentrate 13 oz.	24	5.7100	\$137.04
21-023 Similac Advance powder 12.4 oz.	4,894	20.7800	\$101,697.32
21-084 Similac Advance RTF 32 oz.	26	3.2200	\$83.72
21-034 Similac Sensitive powder 12.5 oz.	3,515	21.9950	\$77,312.42
21-031 Similac Soy Isomil powder 12.4 oz.	431	22.9760	\$9,902.66
21-088 Similac Total Comfort powder 12.6 oz.	2,443	21.9950	\$53,733.78
<b>TOTALS</b>			<b>\$242,866.95</b>

Infants Served During Month:	
Breastfed	409
Supplemented with Formula	448
Formula Fed	1,414
Total	2,271

I certify that the above information is true and correct to the best of my knowledge.  
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North Dakota Department of Health  
600 East Boulevard Avenue, Dept. 301  
Attn: Amanda Varriano, ND WIC Director  
Bismarck, ND 58505-0200

Send Rebate Invoice to:  
Attn: Danielle Jonda  
3300 Stelzer Road  
Dept. 106711, RP2-2  
Columbus, OH 43219

## NORTH DAKOTA WIC PROGRAM

### Abbott Rebate Invoice Redemption Month: September 2024

UPC DESCRIPTION	REDEEMED	REBATE AMOUNT	INVOICE AMOUNT
21-023 Similac Advance powder 12.4 oz.	4,898	20.7800	\$101,780.44
21-084 Similac Advance RTF 32 oz.	25	3.2200	\$80.50
21-034 Similac Sensitive powder 12.5 oz.	3,586	21.9950	\$78,874.07
21-031 Similac Soy Isomil powder 12.4 oz.	427	22.9760	\$9,810.75
21-088 Similac Total Comfort powder 12.6 oz.	2,376	21.9950	\$52,260.12
<b>TOTALS</b>			<b>\$242,805.88</b>

Infants Served During Month:	
Breastfed	402
Supplemented with Formula	440
Formula Fed	1,416
Total	2,258

I certify that the above information is true and correct to the best of my knowledge.  
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North Dakota Department of Health  
600 East Boulevard Avenue, Dept. 301  
Attn: Amanda Varriano, ND WIC Director  
Bismarck, ND 58505-0200

Send Rebate Invoice to:  
Attn: Danielle Jonda  
3300 Stelzer Road  
Dept. 106711, RP2-2  
Columbus, OH 43219

## NORTH DAKOTA WIC PROGRAM

### Abbott Rebate Invoice Redemption Month: October 2024

UPC DESCRIPTION	REDEEMED	REBATE AMOUNT	INVOICE AMOUNT
21-023 Similac Advance powder 12.4 oz.	5,115	20.7800	\$106,289.70
21-084 Similac Advance RTF 32 oz.	20	3.2200	\$64.40
21-034 Similac Sensitive powder 12.5 oz.	3,619	21.9950	\$79,599.90
21-031 Similac Soy Isomil powder 12.4 oz.	444	22.9760	\$10,201.34
21-088 Similac Total Comfort powder 12.6 oz.	2,488	21.9950	\$54,723.56
<b>TOTALS</b>			<b>\$250,878.91</b>

Infants Served During Month:

Breastfed	399
Supplemented with Formula	450
Formula Fed	1,458
Total	2,307

I certify that the above information is true and correct to the best of my knowledge.  
Payment is due within 30 days of invoice postmark date.

North Dakota Department of Health  
600 East Boulevard Avenue, Dept. 301  
Attn: Amanda Varriano, ND WIC Director  
Bismarck, ND 58505-0200

Send Rebate Invoice to:  
Attn: Danielle Jonda  
3300 Stelzer Road  
Dept. 106711, RP2-2  
Columbus, OH 43219

## NORTH DAKOTA WIC PROGRAM

### Abbott Rebate Invoice Redemption Month: November 2024

UPC DESCRIPTION	REDEEMED	REBATE AMOUNT	INVOICE AMOUNT
21-023 Similac Advance powder 12.4 oz.	4,894	20.7800	\$101,697.32
21-084 Similac Advance RTF 32 oz.	20	3.2200	\$64.40
21-034 Similac Sensitive powder 12.5 oz.	3,472	21.9950	\$76,366.64
21-031 Similac Soy Isomil powder 12.4 oz.	373	22.9760	\$8,570.05
21-088 Similac Total Comfort powder 12.6 oz.	2,561	21.9950	\$56,329.20
<b>TOTALS</b>			<b>\$243,027.60</b>

Infants Served During Month:	
Breastfed	391
Supplemented with Formula	443
Formula Fed	1,427
Total	2,261

I certify that the above information is true and correct to the best of my knowledge.  
Payment is due within 30 days of invoice postmark date.

North Dakota Department of Health  
600 East Boulevard Avenue, Dept. 301  
Attn: Amanda Varriano, ND WIC Director  
Bismarck, ND 58505-0200

Send Rebate Invoice to:  
Attn: Danielle Jonda  
3300 Stelzer Road  
Dept. 106711, RP2-2  
Columbus, OH 43219

## NORTH DAKOTA WIC PROGRAM

### Abbott Rebate Invoice Redemption Month: December 2024

UPC DESCRIPTION	REDEEMED	REBATE AMOUNT	INVOICE AMOUNT
21-023 Similac Advance powder 12.4 oz.	4,849	20.7800	\$100,762.22
21-084 Similac Advance RTF 32 oz.	20	3.2200	\$64.40
21-034 Similac Sensitive powder 12.5 oz.	3,392	21.9950	\$74,607.04
21-031 Similac Soy Isomil powder 12.4 oz.	452	22.9760	\$10,385.15
21-088 Similac Total Comfort powder 12.6 oz.	2,553	21.9950	\$56,153.24
<b>TOTALS</b>			<b>\$241,972.05</b>

Infants Served During Month:	
Breastfed	373
Supplemented with Formula	444
Formula Fed	1,400
Total	2,217

I certify that the above information is true and correct to the best of my knowledge.  
Payment is due within 30 days of invoice postmark date.

North Dakota Department of Health  
600 East Boulevard Avenue, Dept. 301  
Attn: Amanda Varriano, ND WIC Director  
Bismarck, ND 58505-0200

Send Rebate Invoice to:  
Attn: Danielle Jonda  
3300 Stelzer Road  
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