

Page 1

PRICE/SHIPMENT REPORT

Kiwifruit Administrative Committee (KAC)

Email: chris@cgfa.org Fax No.: (916) 446-1063

| Fax No.: (916  | o) 446-1063    |
|----------------|----------------|
| KAC Phone No.: | (916) 441-0678 |

| COMPANY:   |  |
|------------|--|
| CONTACT:   |  |
| PHONE No.: |  |

Title:

| MARKET Circle one:             | DOMESTIC                    | EXPORT                |                         |   | Week of                  | through                            |
|--------------------------------|-----------------------------|-----------------------|-------------------------|---|--------------------------|------------------------------------|
| GRADE Circle one:              | FANCY/U.S.#1                | KAC                   |                         |   |                          | Due by 5:00 p.m. each Tuesda       |
| A separate report must be file | •                           | • •                   |                         |   | ments made during i      | reporting period                   |
| If shipments to Export marke   | t, Page 2 must be completed |                       | TVIE ENTEDDAC           | Check if final ro<br>CK STYLES AT THE T | eport for the season     | IIMN                               |
| SIZE                           |                             | IACKS                 | TILE - ENTERTAC         | <u>KSTILES AT THE I</u>                 | OF OF EACH COL           |                                    |
| 18+ (No of Container           | s)                          |                       |                         |   |                          |                                    |
| Gross FOB Sales                |                             |                       |                         |   |                          |                                    |
| 20 (No. of Containe            | rs)                         |                       |                         |   |                          |                                    |
| Gross FOB Sales                |                             |                       |                         |   |                          |                                    |
| 23 (No. of Containe            | rs)                         |                       |                         |   |                          |                                    |
| Gross FOB Sales                |                             |                       |                         |   |                          |                                    |
| 25 (No. of Containe            | rs)                         |                       |                         |   |                          |                                    |
| Gross FOB Sales                |                             |                       |                         |   |                          |                                    |
| 27/28 (No. of Containe         | rs)                         |                       |                         |   |                          |                                    |
| Gross FOB Sales                |                             |                       |                         |   |                          |                                    |
| 30 (No. of Containe            | rs)                         |                       |                         |   |                          |                                    |
| Gross FOB Sales                |                             |                       |                         |   |                          |                                    |
| 33 (No. of Containe            | rs)                         |                       |                         |   |                          |                                    |
| Gross FOB Sales                |                             |                       |                         |   |                          |                                    |
| 36 (No. of Containe            | rs)                         |                       |                         |   |                          |                                    |
| Gross FOB Sales                |                             |                       |                         |   |                          |                                    |
| 39 (No. of Containe            | rs)                         |                       |                         |   |                          |                                    |
| Gross FOB Sales                |                             |                       |                         |   |                          |                                    |
| 42 (No. of Containe            | rs)                         |                       |                         |   |                          |                                    |
| Gross FOB Sales                |                             |                       |                         |   |                          |                                    |
| 45 (No. of Containe            | rs)                         |                       |                         |   |                          |                                    |
| Gross FOB Sales                |                             |                       |                         |   |                          |                                    |
| (No. of Containe               | rs)                         |                       |                         |   |                          |                                    |
| TOTALS Gross FOB Sales         |                             |                       |                         |   |                          |                                    |
| hereby certify to the best of  | my knowledge and beliej     | that this report is t | true and complete. Ship | ments reported and FOB S                | ales are based on the be | est available information as of th |

Rev. 7/10. Destroy previous editions.

Signature:

Date:

**NOTE:** According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0189. The time required to complete this information collection is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program (Not all prohibited bases apply to all programs). Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact the USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

### REPORT IS DUE BY 5:00 P.M. EACH TUESDAY FROM THE TIME YOUR SHIPPING SEASON BEGINS UNTIL IT ENDS. IF NO SHIPMENTS WERE MADE DURING REPORTING PERIOD CHECK THE APPROPRIATE BOX ON THE FORM AND RETURN.

#### Instructions for completing KISS Price Report - Page 1:

- 1. Enter appropriate Handler/Marketer information.
- 2. Circle appropriate market and grade. Separate forms must be completed for each market and each grade category. For instance, if all shipments were Domestic but included both US #1 and KAC grades, a form must be filed for Domestic US #1, and a form for Domestic KAC. If any fruit was exported another report must be filed for those shipments, also separated by grade.
- 3. Enter beginning and ending dates for reporting week. Reporting period runs from Sunday through Saturday.
- 4. If no shipments were made during the previous week, check the box and return report. Reports must be filed each week during the shipping season, even when no shipments are made.
- 5. If final report of the season, check box. After final report is filed no further price reports are required.
- 6. Across the top of columns, enter the type of pack styles shipped during reporting period. Select pack styles from the list below.
- 7. For each pack style, enter the total number of containers shipped and gross FOB sales by size for the reporting period.
- 8. Sign and date report.

| Description   | Enter this pack style on report               |
|---|---|
| 9kg (19.8 lb.) Volume Fill  | Volume Fill                                   |
| Single layer tray   | Trays   |
| Container with 3-layers   | 3-Layers                                      |
| 125 lb. Bins  | Bins  |
| Master Container with 20 - 1 lb. Bags   | 20/1# Bags                                    |
| Master Container with 10 - 1kg Bags   | 10/1kg Bags                                   |
| Master Container with 4 - 4lb. Clams  | 4/4# Clams                                    |
| Master Container with 8 - 2lb. Clams  | 8/2# Clams                                    |
| Master Container with 278lb Clams   | 27/.8# Clams                                  |
| Master Container with 18 - 8 ct. Clams  | 18/8ct. Clams and net wt. of master container |
| Master Container with 20 - 6 ct. Clams  | 20/6ct. Clams and net wt. of master container |
| Returnable Plastic Containers, 9kg  | RPC   |
| Containers with 2-layers  | 2-Layers and net wt. of container             |
| Euro Containers, Must include description and net wt. (i.e. Euro 2-layers, 20# )          | Type and net wt. of container                 |
| Any other container type/consumer pack must include the description and container net wt. | Type and net wt. of container                 |



# Kiwifruit Administrative Committee (KAC)

Email: chris@cgfa.org Fax No.: (916) 446-1063 KAC Phone No.: (916) 441-0678

| COMPANY:   |  |
|------------|--|
| CONTACT:   |  |
| PHONE No.: |  |

WHEN EXPORT MARKET IS CIRCLED ON PAGE 1, INFORMATION ON PAGE 2 MUST BE COMPLETED.

Week of \_\_\_\_\_\_ through \_\_\_\_\_ Report Due by 5:00 p.m. each Tuesday

| EXPORT COUNTRY (fill in |                     | PACK STYLE - ENTER PACK STYLES AT THE TOP OF EACH COLUMN |  |  |  |  |  |
|-------------------------|---------------------|--|--|--|--|--|--|
|                         | tries as needed)    |  |  |  |  |  |  |
| Canada                  | (No of Containers)  |  |  |  |  |  |  |
|                         | Gross FOB Sales     |  |  |  |  |  |  |
| Mexico                  | (No of Containers)  |  |  |  |  |  |  |
|                         | Gross FOB Sales     |  |  |  |  |  |  |
| Korea                   | (No of Containers)  |  |  |  |  |  |  |
|                         | Gross FOB Sales     |  |  |  |  |  |  |
|                         | (No of Containers)  |  |  |  |  |  |  |
|                         | Gross FOB Sales     |  |  |  |  |  |  |
|                         | (No. of Containers) |  |  |  |  |  |  |
|                         | Gross FOB Sales     |  |  |  |  |  |  |
|                         | (# of Containers)   |  |  |  |  |  |  |
|                         | Gross FOB Sales     |  |  |  |  |  |  |
|                         | (No. of Containers) |  |  |  |  |  |  |
|                         | Gross FOB Sales     |  |  |  |  |  |  |
|                         | (No. of Containers) |  |  |  |  |  |  |
|                         | Gross FOB Sales     |  |  |  |  |  |  |
|                         | (No. of Containers) |  |  |  |  |  |  |
| TOTALS                  | Gross FOB Sales     |  |  |  |  |  |  |

Rev. 7/10. Destroy previous editions.

## WHEN EXPORT MARKET IS CIRCLED ON PAGE 1, INFORMATION ON PAGE 2 MUST BE COMPLETED.

## **Instructions for completing KISS Price Report - Page 2:**

- 1. Enter appropriate Handler/Marketer information.
- 2. Enter beginning and ending dates for reporting week. Reporting period runs from Sunday through Saturday.
- 3. Across the top of columns, enter the type of pack styles shipped during reporting period. Select pack styles from the list below.
- 4. For markets not listed, enter in the first column.
- 5. For each market, enter the total number of containers shipped and gross FOB sales for the reporting period.

| Description   | Enter this pack style on report               |
|---|---|
| 9kg (19.8 lb.) Volume Fill                                  | Volume Fill                                   |
| Single layer tray   | Trays   |
| Container with 3-layers                                     | 3-Layers                                      |
| 125 lb. Bins  | Bins  |
| Master Container with 20 - 1 lb. Bags                       | 20/1# Bags                                    |
| Master Container with 10 - 1kg Bags                         | 10/1kg Bags                                   |
| Master Container with 4 - 4lb. Clams                        | 4/4# Clams                                    |
| Master Container with 8 - 2lb. Clams                        | 8/2# Clams                                    |
| Master Container with 278lb Clams                           | 27/.8# Clams                                  |
| Master Container with 18 - 8 ct. Clams                      | 18/8ct. Clams and net wt. of master container |
| Master Container with 20 - 6 ct. Clams                      | 20/6ct. Clams and net wt. of master container |
| Returnable Plastic Containers, 9kg                          | RPC   |
| Containers with 2-layers                                    | 2-Layers and net wt. of container             |
| Euro Containers, Must include description and net wt. (i.e. |   |
| Euro 2-layers, 20# )  | Type and net wt. of container                 |
| Any other container type/consumer pack must include the     |   |
| description and container net wt.                           | Type and net wt. of container                 |