

## FINAL PACKOUT REPORT INSTRUCTIONS:

- 1. Enter appropriate Handler/Marketer information.
- 2. Across the top of columns, enter the type of pack styles shipped during the crop year. Select pack styles from list below.
- 3. Enter grower information. If handling fruit for a grower with more than one kiwifruit entity (farm, ranch, block, etc.), list each entry separately.
- 4. Below the appropriate pack styles, enter the total number of containers shipped for each grower entry during the crop year.
- 5. Enter acreage amount.
- 6. 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 6 - 4lb. Clams	6/4# Clams
Master Container with 6 - 3lb. Clams	6/3# 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 9kg
Containers with 2-layers	2-Layers and net wt. of container

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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

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 45 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.

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CALIFORNIA Kiwifruit	I	F <b>INAL PACI</b> CROP YE		_						
Kiwifruit Administrative Committee 1521 "I" Street, Sacramento, CA 95	. ,		COMPAN	NY:						
Phone #: (916) 441-0678; Fax #: (916) 446-1063 Email: nmatteis@cgfa.org										
Page 1 of			CONTACT:							
			PHONE #:							
Report is due within thirty (30) days a	fter all fruit has been shij	pped.	ENTER F	ACK STYL	PACK LES USED A	STYLE T THE TOP	OF EACH (	COLUMN		
<b>Grower and Farm Name</b> (Please list each entity/farm separately)	Mailing Address City/State/Zip	County Farm Located							Kiwifruit Acreage	

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Subtotal from other pages									
Totals									
I hereby certify to the best of my kno subject to audit and must be preserve			and comple	te. I unders	stand that re	ecords from	which this	report is co	mpiled are
Date:	Signature:					Title:			
FINAL PACKOUT REPORT CROP YEAR 20_/20_									
	COMPANY:								
Page of	CONTACT: PHONE #:								
Report is due within thirty (30) days after all fruit has been shipped.				PACK STYLE ENTER PACK STYLES USED AT THE TOP OF EACH COLUMN					
<b>Grower and Farm Name</b> (Please list each entity/farm separately)	Mailing Address City/State/Zip	County Farm Located							Kiwifruit Acreage

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Enter Subtotals on Page 1						