

SHIPMENT REPORT
CROP YEAR 20__/20__

Kiwifruit Administrative Committee
Mail to: 1521 "I" Street, Sacramento, CA 95814
Or Fax to (916) 446-1063; Email: calkiwi@agamsi.com
Phone No.: (916) 441-0678

Company: _____
Contact: _____
Phone No.: _____

Reporting Month: _____ Check if this is your final report of the season

Please Note: The following information is to be current as of the last day of the reporting month and filed with the Committee/Commission no later than the fifth (5th) day of the following month. This information is being required to assure accurate and timely statistics to assist you. Each individual handler report is completely confidential.

| | Pack Style – Enter Pack Style at the Top of Each Column | | | | | |
|-------------------------------|--|--|--|--|--|--|
| Domestic | | | | | | |
| Canada | | | | | | |
| Taiwan | | | | | | |
| Japan | | | | | | |
| Hong Kong | | | | | | |
| Korea | | | | | | |
| Australia | | | | | | |
| Mexico | | | | | | |
| Singapore | | | | | | |
| Not list – note market | | | | | | |
| TOTALS | | | | | | |

I hereby certify to the best of my knowledge and belief that this report is true and complete. I understand that records from which this report is compiled are subject to audit and must be preserved for a period of two years.

Signature

Date

Title

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 OMB 0581-0189. The time required to complete this information collection is estimated to average 30 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.

Instructions for completing the Shipment Report:

1. Reports are due on the fifth (5th) of each month for the previous month's shipments.
2. Enter appropriate Handler/Marketer information.
3. Enter reporting month.
4. Indicate if report is the final one of the season.
5. Across the top of the columns, enter the type of pack styles shipped during the given reporting period. (Select pack styles from list below).
6. For each country, enter the total number of containers shipped per each pack style reported.
7. Sign and date report.

| Description | Enter this pack style on report |
|---|--|
| 9 kg (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 – 1 kg Bags | 10/1 kg Bags |
| Master Container with 4 – 4 lb. Clams | 4/4# Clams |
| Master Container with 8 – 2 lb. Clams | 8/2# Clams |
| Master Container with 27 – .8 lb Clams | 27/.8# Clams |
| Master Container with 18 – 8 ct. Clams | 18/8 ct. Clams and net wt. of master container |
| Master Container with 20 – 6 ct. Clams | 20/6 ct. Clams and net wt. of master container |
| Returnable Plastic Containers, 9 kg | RPC 9kg |
| 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 |

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