



## END OF SEASON F.O.B. SALES 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. For each pack style, enter the total number of containers shipped and gross FOB sales by size for the given crop year.
4. 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 27 -.8lb 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             |


SC-266-7 (Exp. X/XXXX) Destroy previous versions.

|   |                               |
|---|-------------------------------|
| 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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|  |                   |  |  |  |  |  |  |
|--|-------------------|--|--|--|--|--|--|
|   |                   | <b>END OF SEASON F.O.B. SALES REPORT</b><br>CROP YEAR 20__/20__      |  |  |  |  |  |
|  |                   | <b>Report is due within 30 days after all fruit has been shipped</b> |  |  |  |  |  |
| Kiwifruit Administrative Committee (KAC)<br>1521 "I" Street, Sacramento, CA 95814<br>Phone #: (916) 441-0678; Fax #: (916) 446-1063<br>Email: <a href="mailto:calkiwi@agamsi.com">calkiwi@agamsi.com</a> |                   | COMPANY:   |  |  |  |  |  |
|  |                   | CONTACT:   |  |  |  |  |  |
|  |                   | PHONE NUMBER:  |  |  |  |  |  |
|  |                   | <b>PACK STYLE - ENTER PACK STYLES AT THE TOP OF EACH COLUMN</b>      |  |  |  |  |  |
| <b>SIZE</b>  |                   |  |  |  |  |  |  |
| 18+  | (# of Containers) |  |  |  |  |  |  |
|  | Gross FOB Sales   |  |  |  |  |  |  |
| 20   | (# of Containers) |  |  |  |  |  |  |
|  | Gross FOB Sales   |  |  |  |  |  |  |
| 23   | (# of Containers) |  |  |  |  |  |  |
|  | Gross FOB Sales   |  |  |  |  |  |  |
| 25   | (# of Containers) |  |  |  |  |  |  |
|  | Gross FOB Sales   |  |  |  |  |  |  |
| 27/28  | (# of Containers) |  |  |  |  |  |  |
|  | Gross FOB Sales   |  |  |  |  |  |  |
| 30   | (# of Containers) |  |  |  |  |  |  |
|  | Gross FOB Sales   |  |  |  |  |  |  |
|  | (# of Containers) |  |  |  |  |  |  |

|        |                   |  |  |  |  |  |  |  |
|--------|-------------------|--|--|--|--|--|--|--|
| 33     | Gross FOB Sales   |  |  |  |  |  |  |  |
| 36     | (# of Containers) |  |  |  |  |  |  |  |
|        | Gross FOB Sales   |  |  |  |  |  |  |  |
| 39     | (# of Containers) |  |  |  |  |  |  |  |
|        | Gross FOB Sales   |  |  |  |  |  |  |  |
| 42     | (# of Containers) |  |  |  |  |  |  |  |
|        | Gross FOB Sales   |  |  |  |  |  |  |  |
| 45     | (# of Containers) |  |  |  |  |  |  |  |
|        | Gross FOB Sales   |  |  |  |  |  |  |  |
| TOTALS | (# of Containers) |  |  |  |  |  |  |  |
|        | Gross FOB Sales   |  |  |  |  |  |  |  |

*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:*

|       |            |        |
|-------|------------|--------|
| Date: | Signature: | Title: |
|-------|------------|--------|