



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

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 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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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

		END OF SEASON F.O.B. SALES REPORT CROP YEAR 20__/20__					
		Report is due within 30 days after all fruit has been shipped					
Kiwifruit Administrative Committee (KAC) 1521 "I" Street, Sacramento, CA 95814 Phone #: (916) 441-0678; Fax #: (916) 446-1063 Email: calkiwi@agamsi.com		COMPANY:					
		CONTACT:					
		PHONE NUMBER:					
		PACK STYLE - ENTER PACK STYLES AT THE TOP OF EACH COLUMN					
SIZE							
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:
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