

**END OF SEASON F.O.B. SALES REPORT INSTRUCTIONS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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 |
|  | 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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| California Kiwifruit Logo jpg**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 |  | |  |  |  |  |  |  |
| 33 | (# of Containers) |  | |  |  |  |  |  |  |
| 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: | |