



KISS 20 /20
PRICE/SHIPMENT REPORT

Page 1

Kiwifruit Administrative Committee (KAC)

Email: chris@cgfa.org
Fax No.: (916) 446-1063
KAC Phone No.: (916) 441-0678

COMPANY: _____
CONTACT: _____
PHONE No.: _____

| | | |
|---------------------------|---------------------|---------------|
| MARKET Circle one: | DOMESTIC | EXPORT |
| GRADE Circle one: | FANCY/U.S.#1 | KAC |

Week of _____ through _____

Report Due by 5:00 p.m. each Tuesday

A separate report must be filed for each market and grade category
If shipments to Export market, Page 2 must be completed.

Check if no shipments made during reporting period
 Check if final report for the season

| SIZE | | PACK STYLE - ENTER PACK STYLES AT THE TOP OF EACH COLUMN | | | | | | |
|---------------|---------------------|--|--|--|--|--|--|--|
| | | | | | | | | |
| 18+ | (No. of Containers) | | | | | | | |
| | Gross FOB Sales | | | | | | | |
| 20 | (No. of Containers) | | | | | | | |
| | Gross FOB Sales | | | | | | | |
| 23 | (No. of Containers) | | | | | | | |
| | Gross FOB Sales | | | | | | | |
| 25 | (No. of Containers) | | | | | | | |
| | Gross FOB Sales | | | | | | | |
| 27/28 | (No. of Containers) | | | | | | | |
| | Gross FOB Sales | | | | | | | |
| 30 | (No. of Containers) | | | | | | | |
| | Gross FOB Sales | | | | | | | |
| 33 | (No. of Containers) | | | | | | | |
| | Gross FOB Sales | | | | | | | |
| 36 | (No. of Containers) | | | | | | | |
| | Gross FOB Sales | | | | | | | |
| 39 | (No. of Containers) | | | | | | | |
| | Gross FOB Sales | | | | | | | |
| 42 | (No. of Containers) | | | | | | | |
| | Gross FOB Sales | | | | | | | |
| 45 | (No. of Containers) | | | | | | | |
| | Gross FOB Sales | | | | | | | |
| TOTALS | (No. of Containers) | | | | | | | |
| | Gross FOB Sales | | | | | | | |

I hereby certify to the best of my knowledge and belief that this report is true and complete. Shipments reported and FOB Sales are based on the best available information as of the report date.

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



**KISS 20__/20__
PRICE/SHIPMENT REPORT**

Page 2

Kiwifruit Administrative Committee (KAC)

Email: calkiwi@agamsi.com

Fax No.: (916) 446-1063

KAC Phone No.: (916) 441-0678

COMPANY: _____

CONTACT: _____

PHONE No.: _____

WHEN EXPORT MARKET IS CIRCLED ON PAGE 1, INFORMATION ON PAGE 2 MUST BE COMPLETED.

Week of _____ through _____
Report Due by 5:00 p.m. each Tuesday

| EXPORT COUNTRY (fill in Countries as needed) | | PACK STYLE - ENTER PACK STYLES AT THE TOP OF EACH COLUMN | | | | | | |
|--|---------------------|--|--|--|--|--|--|--|
| | | | | | | | | |
| Canada | (No of Containers) | | | | | | | |
| | Gross FOB Sales | | | | | | | |
| Mexico | (No of Containers) | | | | | | | |
| | Gross FOB Sales | | | | | | | |
| Korea | (No of Containers) | | | | | | | |
| | Gross FOB Sales | | | | | | | |
| | (No of Containers) | | | | | | | |
| | Gross FOB Sales | | | | | | | |
| | (No. of Containers) | | | | | | | |
| | Gross FOB Sales | | | | | | | |
| | (# of Containers) | | | | | | | |
| | Gross FOB Sales | | | | | | | |
| | (No. of Containers) | | | | | | | |
| | Gross FOB Sales | | | | | | | |
| | (No. of Containers) | | | | | | | |
| | Gross FOB Sales | | | | | | | |
| TOTALS | (No. of Containers) | | | | | | | |
| | Gross FOB Sales | | | | | | | |

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 60 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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.

REPORT IS DUE BY 5:00 P.M. EACH TUESDAY FROM THE TIME YOUR SHIPPING SEASON BEGINS UNTIL IT ENDS.
IF NO SHIPMENTS WERE MADE DURING REPORTING PERIOD CHECK THE APPROPRIATE BOX ON THE FORM AND RETURN.

Instructions for completing KISS Price Report - Page 1:

1. Enter appropriate Handler/Marketer information.
2. Circle appropriate market and grade. Separate forms must be completed for each market and each grade category. For instance, if all shipments were Domestic but included both US #1 and KAC grades, a form must be filed for Domestic - US #1, and a form for Domestic - KAC. If any fruit was exported another report must be filed for those shipments, also separated by grade.
3. Enter beginning and ending dates for reporting week. Reporting period runs from Sunday through Saturday.
4. If no shipments were made during the previous week, check the box and return report. Reports must be filed each week during the shipping season, even when no shipments are made.
5. If final report of the season, check box. After final report is filed no further price reports are required.
6. Across the top of columns, enter the type of pack styles shipped during reporting period. Select pack styles from the list below.
7. For each pack style, enter the total number of containers shipped and gross FOB sales by size for the reporting period.
8. 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 4 - 4lb. Clams | 4/4# Clams |
| Master Container with 8 - 2lb. Clams | 8/2# 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 |
| 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 |

WHEN EXPORT MARKET IS CIRCLED ON PAGE 1, INFORMATION ON PAGE 2 MUST BE COMPLETED.

Instructions for completing KISS Price Report - Page 2:

1. Enter appropriate Handler/Marketer information.
2. Enter beginning and ending dates for reporting week. Reporting period runs from Sunday through Saturday.
3. Across the top of columns, enter the type of pack styles shipped during reporting period. Select pack styles from the list below.
4. For markets not listed, enter in the first column.
5. For each market, enter the total number of containers shipped and gross FOB sales for the reporting period.

| 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 4 - 4lb. Clams | 4/4# Clams |
| Master Container with 8 - 2lb. Clams | 8/2# 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 |
| 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 |