

## 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 278lb 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			

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.

SC-266-7 (Exp. 1/31/2027. Destroy previous versions.)

	<u> </u>	END OF SEASON F.O.B. SALES REPORT								
		CROP YEAR 20/20								
Kiwi	ORNIA fruit									
Report is due within 30 days after an if the has been shipped										
1521 "I" Street, Sacramento, CA 95814 Phone #: (916) 441-0678; Fax #: (916) 446-1										
		46-1063	1063 CONTACT: PHONE NUMBER:							
Email: call	kiwi@agamsi.com		PACK STYLE - ENTER PACK STYLES AT THE TOP OF EACH COLUMN							
SIZE				men				Lower		
18+	(# of Containers)									
	Gross FOB Sales									
20	(# of Containers)									
	Gross FOB Sales									
23	(# of Containers)									
	Gross FOB Sales									
	(# of Containers)									
25	Gross FOB Sales									
27/28	(# of Containers)									
	Gross FOB Sales									
30	(# of Containers)									
	Gross FOB Sales									
22	(# 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:			