

Live Goods Write Off Worksheet

Date: _____

Time: _____

Store# & Name: _____

Vendor Name: Jeffery's Greenhouses

Vendor#: 70001323

ARTICLE#	DESCRIPTION	UPC	QTY	REASON
<i>Easter</i>				
1000112620	6" Easter Lily	6-23390-96467-9		
1000820335	6.5" Designer Hydrangea Tin	6-23390-14988-5		
1000656038	9" Hydrangea	6-23390-96402-0		
1000765190	10" Lily Campanula Combo	6-23390-54597-7		
1000740361	Watering Cans with Gerbera	6-23390-92832-9		
1000682000	Bulb Planter	6-23390-85477-2		
1000682001	7.75" Calla Lily Planter	6-23390-66433-3		
1000687030	Spring Flowering Bulbs	6-23390-97753-2		
<i>Christmas</i>				
1000156-128	4" Poinsettia	6-23390-98888-0		
1000455-675	6" Promo Poinsettia	7-73502-40037-0		
1000415-411	6.5" Premium Poinsettia	6-23390-98847-7		
1000137-133	8" Poinsettia	6-23390-98860-6		
1000667-273	6.5" Designer Poinsettia	6-23390-98845-3		
1000665-825	13" Poinsettia	6-23390-98856-9		
1000675-935	Poinsettia Gift (2 PK)	6-23390-74123-2		
1000665-826	Holiday Centre Piece	6-23390-98878-1		
1000185-735	13" Deva Poinsettia Tree	6-23390-98861-3		

VENDOR RESPONSIBILITY: Vendors are responsible for accurately completing all fields of the table above, calling the Manager on Duty, showing them the culled product in Receiving at the compactor and having the MOD sign to acknowledge receipt of this form. VENDORS MUST KEEP A PHOTOCOPY OF THE FORM AFTER IT IS SIGNED BY THE MOD.

VENDOR SIGNATURE: _____ DATE: _____

MOD RESPONSIBILITY: By signing this form, you as a member of the management team are acknowledging receipt of this sheet and responsibility for ensuring that all quantities are ACCURATELY and PROMPTLY entered into myStore Tools as a write-off. Further, you are acknowledging responsibility for ensuring that the culled live goods are disposed of in the compactor immediately after the write-offs are entered. Note the GM number and keep copy of this form with the Goods Movement Report.

GOODS MOVEMENT NUMBER: _____

MOD SIGNATURE: _____ DATE: _____