

Live Goods Write Off Worksheet

Date: _____

Time: _____

Store# & Name: _____

Vendor Name: Jeffery's Greenhouses _____

Article	Description	UPC	Quantity	Reason
1000112620	6" Easter Lily	6-23390-96467-9		
1001701191	4.5" Hydrangea	6-23390-96503-4		
1000682002	Seasonal Assorted Flowers (Pixie lily)	6-23390-97754-9		
1000682001	Specialty Flowering planter (7.75" Calla lily plt)	6-23390-66433-3		
1000687030	Spring Flowering Bulbs	6-23390-97753-2		
1000820335	6.5" Designer Hydrangea	6-23390-14988-5		
1001001914	Easter 10" Drop N Bloom - Bulbs	6-23390-28527-9		

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: _____ **or#:**

70001323 _____