C&S Wholesale Grocers

MERCHANDISING EVENT REQUEST

Category Manager: _____
Vendor # _____
Vendor Name _____
Address _____
City _____
State _____

Date Submitted: _____
Rep/Broker _____
Address _____
City _____
State _____
Zip _____

Buying Dates: _____ To: _____
(MON-FRI)

Ship Dates: _____ To: _____
(MON-FRI)

C&S Robesonia Code	Scanning UPC	Pack	Size	Description	Delivered Cost	Off Invoice	Purchasing Billback	Count Recount	Net Cost	Unit Cost	Suggested Promoted Retail

PERFORMANCE REQUIREMENTS:

CONFO DATE: _____ FEE: _____

BEST BUY DATE: _____ FEE: _____

KPC DATE: _____ FEE: _____

SIGNATURE: _____

REP'S PHONE #: _____

Invoices for promotional activity reflect cases purchased by C&S and may include forward buy, floorstock, and administrative fees.

REVISED 09-17-15