PPS 89
ROUTING GUIDE

MAIL TO
Buyer
Store
Acct. Dept.

K mart Corporation
K mart Duns 00 - 896 - 5873

DEDUCTION VOUCHER
(FORM 605)

VENDOR DUNS NO. 000014533216

K mart
203 WEST 9000 SOUTH
SANDY, UTAH 84070

STORE STAMP

CREDIT MEMO NO. E 68156
(CROSS OFF 605 NUMBER WHEN USING A CREDIT MEMO)

PLEASE PRINT
Name of Vendor: Remington Arms Co.
Products - Services
Full Address: 14 Hoefler Ave
City: Ilion State: NY Zip: 13357
Full Shipping Address if different than above
City State Zip

DOCUMENT DATE: 12 28 89

K.I.N. AND VENDOR BATCH STORES: DATE GOODS RETURNED OR DATE ENTERED

MERCHANDISE
ONE DEPT. ONLY: 80

EXPENSE
STORE DEPT. NO. | STORE ACCT. NO.
ACCT. NAME

BUYER'S CONFIRMATION

CONFIRMATION REQUIRED
GOODS RETURNED OR DESTROYED (2) ☐ 15
1st. Mailing: Mail White & Pink Copies To Vendor Or Mail White, Pink & Yellow Copies To Buyer At Int'l. Hdqrs. For Conformation Per Buyers Instructions.
Return Auth. No. PS per attached

NO CONFIRMATION REQUIRED
VENDOR CONCEALED SHORTAGE (3) ☐ 16
Carrier Carton Shortage - File Form 615
ADJUSTMENT Current Year (4) ☐ 17
PRIOR YEAR _____ (Enter Year) (4) ☐ 18
Vendor Batch Stores: Enter "First Year" Prior Year on a "Pink" Prior Year Vendor Batch (code 94-43-28)

K.I.N. USE ONLY
ACCOUNTING ☐ 19

COMPLETE ENTRIES BELOW WHERE REQUIRED

ORIGINAL SHIPMENT FROM VENDOR
ORDER DATE _____ DATE MERCHANDISE RECEIVED _____
INVOICE NO. | INVOICE DATE | INVOICE AMOUNT $

EXACT REASON FOR RETURNING MDSE. TO VENDOR
date manufactured for our planning use

CARRIER NAME | Cartons: 1 | Weight

UPS PICK UP NO. OR PARCEL POST NO. 5198985789

MERCHANDISE PICKUP BY VENDOR REPRESENTATIVE
Vendor Representative's Signature _____ (Must Appear on All Copies)

QUAN.	UNIT	STOCK NO.	EXP. DATE (Dept. 68-69)	DESCRIPTION Record Entries Below as Described in List Book	ONLY S.P.	S.V. EXTENSION	COST PRICE PER UNIT	COST EXTENSION
1		23393		Remington 7MM Magnum	279 97	274 97	285 97	285 97
				Sub-Totals		280 00	XX	285 97

TRIPLICATE PACKING SLIP
E 68156

Detach this apron along dotted line and attach to merchandise stored pending Buyer's confirmation for full credit return.
Date Mailed to Buyer _____
Merchandise Description _____
Dept. No. _____

1) 7½% handling charge for return of merchandise which was defective or not ordered.
2) Inbound freight paid for receipt of merchandise which was defective or not ordered.
3) Freight paid to return this merchandise.
TOTAL COST
TOTAL

CODE 94-42-95—Pads—(Rev. 4/87)—MS—C68—Litho in U.S.A.

Manager's Signature Steve Baker qa