

Vendor Id:150800 Vendor Name: STONYFIELD FARM INC

IVMB208-4 02/21/2017 12:04 DELHAIZE AMERICA DISTRIBUTION, LLC PAGE : 1
PRINT=N VENDOR CLAIM FORM

P.O. : 05425471 DUE DATE : 02/12/2017 D.C. : 01
VENDOR NAME : STONYFIELD FARM IN VENDOR NBR : 150800 PO DISC % : 0.00 G
INVOICE # : 8130190838 INV DATE : 01/23/2017 INV DISC% : 0.00 G
INV TOTAL : \$ 56791.96 AMOUNT PAID : \$ 56143.96

| UCN | SZ | DESC | | WGT | PK | QTY | EXT-COST |
|----------------|-----|-------------------|-----|------|----|-----|----------|
| 00052159013300 | 0.0 | SF SMOOTHIE MP ST | PO | 0.00 | 6 | 150 | 2295.00 |
| | | | INV | 0.00 | 6 | 150 | 2619.00 |

| TYPE | QTY | PO-COST | INVOICE-COST | CLAIM-AMOUNT |
|---------------------|---------|---------|--------------|--------------|
| OTHER ALLOWANCE () | 150+ CA | 4.1400- | 1.9800- | 324.00- |
| CLAIM | | | | 324.00- |

| UCN | SZ | DESC | | WGT | PK | QTY | EXT-COST |
|----------------|-----|-------------------|-----|------|----|-----|----------|
| 00052159013320 | 0.0 | SF SMOOTHIE MP WI | PO | 0.00 | 6 | 150 | 2295.00 |
| | | | INV | 0.00 | 6 | 150 | 2619.00 |

| TYPE | QTY | PO-COST | INVOICE-COST | CLAIM-AMOUNT |
|---------------------|---------|---------|--------------|--------------|
| OTHER ALLOWANCE () | 150+ CA | 4.1400- | 1.9800- | 324.00- |
| CLAIM | | | | 324.00- |

----- CLAIM SUMMARY -----

| | | |
|--------------|---|---------|
| LINE CLAIMS | : | 648.00- |
| TOTAL CLAIMS | : | 648.00- |