CCC+FORCO WOR	к order: 1504-1716887	INVOICE FORM
	ROJECT # : P-1504958	DEPLOYMENT LOCATION
NUMBER 71973406 CON	rractor: Lakesha Costa	CVS # 4698 5755 Rockbridge Rd
VISIT 5 22 15 CONTRACTOR ID: 105859265 Stone Mountain GA, 30087		
AMERICAN EXPR	101(1)	
GREEN DOT - VISIT DETAILS		
Was this store an active location? Yes O No - Store clo		
Did you review the LOA with the manager of Yes O No (Please explain)	on duty?	
Were any Green Dot cards out of stock on to O No Yes	he main display <u>BEFORE</u> performing any services? ards? (Check all that apply) epaid Visa Yepaid MasterCard	Online Shopping
Did you ensure all Green Dot products on the Main display are set to the planogram? Yes O No (Please explain)		
Did you ensure Green Dot products on the main display are fully stocked using cards carried in with you? Yes O No – Manager refused Why did the manager refuse? O Store keeps Green Dot cards behind the counter O Fraud O Theft O No room on display O Other (Please explain) O No display in store O Other (Please explain)		
Was the "RELOAD AT THE REGISTER" dangler on the Main Display? Yes O No		
SURVEY C	QUESTIONS FOR STORE M	ANAGER
Are your cashiers comfortable completing a Yes O Manager too No O No – Other (busy	
If they are not comfortable, what type of additional training material could Green Dot provide that would be helpful? (Check all that apply)		
☐ Instructions on how swipe replace	es MoneyPak	•
COMPLETE AFTER COMPLETE AFTER COMPLETE AFTER		
PERFORMING ALL SERVICES Prepaid Visa	Prepaid MasterCard	Online Shopping
Main Display: 20	Main Display:	Main Display: 4
Prepaid Visa Back Stock:	Prepad MaderCard Back Stock:	Back Stock:
Top of Checkout:		
PROJECT SUPPORT HOTLINE 877-550-9799 SCAN COMPLETED FORM Online Contractor Portal FAXES NO LONGER ACCEPTED Complete th your portal click on the Report" butt You will rece completed. E	e Castforce online report form by logging into , click on the "Work Orders Awarded" menu, project to show the details, click the "Submit on under the location you are trying to report. ive an invoice number once the online form is inter the Invoice # in the space provided at the top of this visit form. In with the Invoice # and manager's signature to generate payment for this visit.	WISIT VERIFICATION NAME TITLE WANAGER & TITLE (PLEASE PRINT) MANAGER SIGNATURE CASTFORCE AGENT SIGNATURE