**\*REQUIRED FIELD**

**MUST HAVE QTY, ITEM NUMBER, AND LOT CODE TO RECEIVE CREDIT**

***PLEASE ATTACH ADDITIONAL SHEETS AS NECESSARY***

**EXPLANATION OF METHOD OF DESTRUCTION:**

NOTE: This Certificate of Destruction Document MUST be returned to your Dot Foods, Inc Customer Service Representative (CSR) in order to receive credit for product.

Dot Foods, Inc – Certificate of Destruction Form, Revised 5/18/2017, L. Parn

Case QTY

Each QTY

DOT

Item Number

GTIN

Number

Customer Item Number

LOT CODE

PRODUCT DESCRIPTION

\*CUSTOMER NAME:

ADDRESS:

CITY:

STATE:

ZIP:

\*CONTACT NAME:

CONTACT TITLE:

CONTACT DAYTIME PHONE NUMBER:

CONTACT EMAIL ADDRESS:

DATE SUBMITTED:

***\*I HEREBY CERTIFY THE FOLLOWING PRODUCT HAS BEEN DESTROYED IN COMPLIANCE WITH FEDERAL, STATE AND LOCAL LAWS:* PRINT NAME: SIGNATURE:**

**CERTIFICATE OF DESTRUCTION**