## KUTOL PRO DSR SPIFF APPROVAL FORM

|  |  |  |  |  |  |  |  |  |  |  |  |
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| Promo Details | | | | | | | | | | | |
| * **22 oz Bottles & 5 oz Creams**   + 2364 Citra-Soft 12/22 oz   + 4984 Orange Scrub 12/22 oz   + 7784 Red Blast 12/22 oz   + 6415 Before Work Cream 12/5 oz   + 6315 After Work Cream 12/5 oz * **Wipes**   + 80070 Heavy Duty Hand Wipes 6/70 ct * **Duraview**   + 2367 Citra-Soft 4/2 Liter   + 4768 Walnut Scrub 2/4 Liter   + 4967 Orange Scrub 4/2 Liter   + 4968 Orange Scrub 2/4 Liter   + 7767 Red Blast 4/2 Liter   + 7768 Red Blast 2/4 Liter   + 7667 Active Hair & Body 4/2 Liter   + 7668 Active Hair & Body 2/4 Liter | | | | | | | | | | | |
| Distributor Information | | | | | | | | | | | |
| PROMOTION SHOULD BE LAUNCHED WITH A DSR SALES MEETING. AT THE CONCLUSION OF THE PROMOTION, PROOF OF DELIVERY (POD) FOR PRODUCT MUST BE SENT TO KUTOL WITHIN 30 DAYS FROM PROMO EXPIRATION DATE. POD MUST ACCOMPANY THIS FORM. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Distributor Name: |  | | | | | | Key Contact: | |  | | |
| Address: |  | | | | | | | | | | |
| Promotion Dates: | through | | | | (90 days max, unless pre-authorized by Kutol) | | | | | | |
| Kutol Sales Rep: |  | | | | | Rep. Company Name: | |  | | | |
| Proposed Sales Meeting Date: | |  | # of DSR’s: |  | | Samples/Literature Ordered: Yes  No | | | | Date: |  |
|  | | | | | | | | | | | |
| Targeted End Users | | | | | | | | | | | |
| End User Name: | | | | | | | | | | | |
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| KUTOL SIGNATURE FOR PROMOTION APPROVAL | | | | | | | | | | | |
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|  | | | | | | |  | | | | |
| Kutol Territory Manager Signature | | | | | | | Date | | | | |

## KUTOL PRO DSR SPIFF REIMBURSEMENT FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| PAYMENT INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AT THE CONCLUSION OF THE PROMOTION, ENTIRE FORM & PROOF OF DELIVERY (POD) FOR PRODUCT MUST BE RETURNED TO KUTOL WITHIN 30 DAYS FROM PROMO EXPIRATION DATE. EMAIL TO TERI BASHAM’S ATTENTION. [TBASHAM@KUTOL.COM](mailto:TBASHAM@KUTOL.COM) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Distributor Name: | | | | |  | | | | | | | | | | | Key Contact: | | | | | | | |  | | | | | |
| Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Kutol Sales Rep: | | | | |  | | | | | Rep. Company Name: | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| End User Name: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Kutol #: | | No of Cases: | | | | Kutol #: | | No of Cases: | | | Kutol #: | | | | | No of Cases: | | | | | | Kutol #: | | | | | | | No of Cases: |
| 2367 | |  | | | | 7767 | |  | | | 2364 | | | | |  | | | | | | 6315 | | | | | | |  |
| 4768 | |  | | | | 7768 | |  | | | 4984 | | | | |  | | | | | | 80070 | | | | | | |  |
| 4967 | |  | | | | 7667 | |  | | | 7784 | | | | |  | | | | | |  | | | | | | |  |
| 4968 | |  | | | | 7668 | |  | | | 6415 | | | | |  | | | | | | Total: | | | | |  | | |
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| Total # of Cases: | | |  | | | | X | | $ 2.00 | | | | Total Amount to be Paid: | | | | | | | | | | $ | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Rep. Signature (for Credit Memo approval) | | | | | | | | | | | | | | | | | | Date | | | | | | | | | | | |
| **PAY TO INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please reimburse by credit memo to the distributor. (Double click on boxes to check.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please reimburse by check – **Information below is required for Tax purposes.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the Payee Incorporated? YesNo | | | | | | | | | | Federal Tax ID # (SSN): | | | | | | | | | | |  | | | | | | | | |
| Payee Name: | | | |  | | | | | | | | | | Phone No.: | | | | | | |  | | | | | | | | |
| Mail Check to the Attention of: | | | | | | |  | | | | | | | | | | Company Name: | | | | | | | |  | | | | |
| Check Mailing Address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| City: |  | | | | | | | | | | | State: | | |  | | | | | | | | | | | Zip: | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **All fields are required. Incomplete forms will be returned and payment will not be issued. Checks will be processed at the end of the month.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FOR INTERNAL USE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Approved for payment at Kutol by: | | | | | | |  | | | | | | | | | | | | | Date | | | | |  | | | | |