



Product Disposal Form

Date _____

Customer Name _____

Address _____

City, State _____

PO/Reference _____

Contact Name: _____

Phone: _____

Pictures provided? If not, provide reason: _____

SKU	Case Count	Julian Date	Product Description	Check if Destroyed	Disposal Costs
Total					

Product disposed of as instructed by Pilgrim's Customer Service Department

Comments _____

Customer Name _____

Customer Signature _____

****All product must be destroyed following USDA guidelines. Product Disposal Form must be completed.
 Pictures of label including manufacture production date must be included in documentation.
 Credit will be issued upon receipt of proper documentation.**