

Store # _____

Store Name _____

Dept # _____

Dept Id _____

PO# _____

Shipper _____

Shipper Phone # (____) ____-____

Set Date _____

Set Name _____

Set Provider _____

Set Provider Phone # (____) ____-____

Pallet - _____ of _____

**Place products and displays in the overhead bay
of area to be set**