MONTHLY SALES RETURN
(Form 1)

Company :
Address :
Phone :
Fax :
E.Mail
Contact :

MONTH	**200**

PRODUCT	**NOMINAL DIMENSIONS**			**SALES REPUBLIC OF IRELAND**		**SALES NORTHERN IRELAND**	
	Width FT/M	Length FT/M	Unit Weight Kgs	Sales Units	Total Weight Tonnes	Sales Units	Total Weight Tonnes
Silage Sheet Covers							
Stretch Wrap	0.5M	1800 M					
	0.75M	1500 M					
	0.25M	1800 M					
	0.36M	1500 M					
	0.73M	3100 M					
	0.34M	3100 M					
	0.23M	3100 M					
TOTAL :							

Declaration :
I declare that the information provided in the above confirmation of sales quantities and weights for the month ended is, to the best of my knowledge and belief, accurate and correct.

Signed : _____ Date : _____

Block Capitals :_____ Position : _____