

ARTICLE MAINTENANCE

STATUS:

CHANGE _____ NEW _____ EXISTING _____

EXISTING ARTICLE NUMBER _____
(A 7-DIGIT NUMBER)

LOCATION:

COMPANY CODE _____ SITE # _____ SITE NAME _____

NEW ARTICLE:

ARTICLE NAME: _____
(FORTY ONE CHARACTER NAME)

POS ARTICLE DESCRIPTION: _____
(17 CHARACTERS FOR MENU & SERVICE ITEMS)
(32 CHARACTERS FOR INGREDIENTS)

MERCHANDISE CATEGORY: _____

BASE UNIT OF MEASURE (INVENTORY UNIT OF MEASURE) _____

ORDER UNIT OF MEASURE (MULTIPLE OF BUM) _____

(YOU MUST PROVIDE THE SIZE OR MAKEUP OF THE BOTTLE, CAN, CASE, ETC.)

VENDOR:

VENDOR NUMBER: _____ VENDOR NAME: _____
(10 CHARACTERS)

VENDOR ARTICLE NUMBER _____

VENDOR CONTRACT NUMBER _____

COST PER ORDER UNIT OF MEASURE _____

SALES PRICE (IF RETAIL ITEM) _____

MRP DATA – AUTOMATIC REPLENISHMENT / REORDERING

REORDER POINT: _____

SAFETY STOCK : _____

MAXIMUM STOCK LEVEL _____

PLANNED DELIVERY TIME _____
(# OF DAYS FOR RECEIPT OF PRODUCT)

COMPLETED BY THE FIELD

REQUESTED BY: _____

DATE: _____

CONTACT NAME: _____

TELEPHONE _____

E-MAIL _____

COMPLETED BY HQ

APPROVED BY: _____

DATE: _____

CREATED BY: _____

DATE: _____

LISTED BY: _____

DATE: _____

Please E-mail this form to your regional office