

Value Drug Company
Seasons by Value
Damage List

Store Number: _____

Date: _____

Store Name: _____

DOE #	UPC #	Invoice #	Item Description	Reason	QTY	Unit Cost	Total \$

Return Completed Form to Value Drug Company Customer Service
EMAIL customerservice@valuedrugco.com or FAX 814-944-9553
Please Do NOT Return Product to Value Drug Company