

2012 Mannington Spiff Program Quarterly Claim Sheet

Store Name: _____ Salesperson Name: _____

City/State: _____

Invoice #	Product	Quantity (Ctns or Sq Yds)	Spiff Amt per Unit (See Spiff Table)	Total Spiff (column D x column E)
999999	Example - Inverness King's Grove Hickory	14 Ctns	\$2	\$28
			Total	

Please forward completed spiff claim forms to customerservice@dsx.com or fax to 800-249-6655 by the 15th day after the end of each calendar quarter*.

Sales Person Signature

Date

*Spiff claim forms for each calendar quarter of the year must be received by the 15th day after the end of each each calendar quarter (March, June, September, December). Failure to submit claim forms by the deadline will result in forfeiture of the spiff. Each quarter is separate and spiffs from one quarter cannot be claimed in another quarter.