

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

PROOF OF CLAIM



s134613

Scheduled Claim Ref # 2-F2-22239
YOUR CLAIM IS SCHEDULED AS

\$1 492 23 UNSECURED

In re
Fleming Companies, Inc

Case Number
03-10945

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Name of Creditor and Address

0354429407791

KEY WEST NAS
811 SIGSBEE RD
BLDG V4111 NAVAL AIR STATION
KEY WEST FL 33040

Check box if you have never received any notices from the bankruptcy court in this case.

Check box if this address differs from the address on the envelope sent to you by the court.

The amounts reflected above constitute your claim as scheduled by the Debtor. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.

If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

Creditor Telephone Number **(805) 293-4405/4406/4402**

CREDITOR TAX ID #

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
0265588 / 01-66-G-FLO5

Check here replaces or amends a previously filed claim dated _____ if this claim

1 BASIS FOR CLAIM

Goods sold Personal injury/wrongful death Retiree benefits as defined in 11 U.S.C. § 1114(a)

Services performed Taxes Wages, salaries and compensation (Fill out below)

Money loaned Other (describe briefly)

Your social security number _____
Unpaid compensation for services performed from _____ to _____
(date) (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

\$ _____ (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ _____ (total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5 SECURED CLAIM

Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral

Real Estate
 Motor Vehicle
 Other _____

Value of collateral \$ _____

Amount of arrearage and other charges at time case filed included in secured claim above if any \$ _____

6 UNSECURED PRIORITY CLAIM

Check this box if you have an unsecured priority claim.

Specify the priority of the claim

Wages, salaries or commissions (up to \$4,650*) earned within 90 days before filing of the bankruptcy petition or cessation of the Debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(3)

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(4)

Up to \$2,100 of deposits toward purchase, lease or rental of property or services for personal, family or household use. 11 U.S.C. § 507(a)(6)

Alimony, maintenance or support owed to a spouse, former spouse or child. 11 U.S.C. § 507(a)(7)

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)

Other. Specify applicable paragraph of 11 U.S.C. § 507(a) _____

Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter, with respect to cases commenced on or after the date of adjustment.

7 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS if the documents are not available. Explain if the documents are voluminous; attach a summary.

9 DATE-STAMPED COPY To receive an acknowledgment of your claim, please enclose a self-addressed stamped envelope and an additional copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 4:00 p.m., September 15, 2003, Pacific Daylight Time.

BY MAIL TO
Bankruptcy Management Corporation
P O BOX 900
El Segundo CA 90245-0900

BY HAND OR OVERNIGHT DELIVERY TO
Bankruptcy Management Corporation
1330 East Franklin Avenue
El Segundo CA 90245

THIS SPACE FOR COURT USE ONLY
FILED
AUG 11 2003
BMC
Fleming Companies Claim
03213

DATE SIGNED **8/05/03**

SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)
Brian Young, Director

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 AND 3571

See Other Side For Instructions

VENDOR CREDIT MEMO

(For use of this form see DaCAD 70-6 OPR 15 RM)

a COMPANY/SUPPLY BULLETIN NUMBER b DOCUMENT NUMBER c DATE

FLEMING CO INC
02G5588

SJM E6048

d EFFECTIVE DATE
1-15
January 2003

PAGE 1 OF 2 PAGES

f COMMISSARY AND LOCATION
KEY WEST, FL HQCSJM ME

g NAME OF ACCOUNTABLE OFFICER

h DEPARTMENT

RETURNED TO
DAMAGED/SALV
PRICE REDUCTION

BRIAN YOUNG COMMISSARY STORE OFFICE

GROCERY

ITEM (UPC 5-16 Digits)	k BRAND NAME (NSN 13 Digits)	l U I	m UNITS ON HAND		n TOTAL UNITS	o OLD PRICE	p NEW PRICE	q PRICE DIFFERENCE	r TOTAL DOLLAR AMOUNT
			WAREHOUSE	STORE					
Pull No. 01045JMO2	002100065367 Woodl Shells Crm		Out of Stock	Req. # 492004	1 Case	99 x 12 = 11 88		x 1	\$ 11 88
"	002100072926 Dressing Italian		"	"	"	1 97 x 12 = 22 44		x 1	22 44
"	00210007562 Cheese & Breadst		"	"	"	1 36 x 12 = 16 32		x 1	16 32
"	003900008587 Corned Beef Hash		Out of Stock	Req. # 492005	2 Cases	98 x 12 = 11 76		x 2	23 52
"	004300012601 Cereal Great Grain		"	"	1 case	2 47 x 14 = 34 58		x 1	34 58
"	004440012230 Frz Shrimp Alfr		"	Req. # 492001	1 case	2 66 x 12 = 31 92		x 1	31 92
Pull No. 01085JMO2	Unknown Average Cost		Damaged	C Req. # 881621	7 cases	20 44 x 1 = 20 44		x 7	143 08
"	002100075262 Cheese & Breadstick		Out of Stock	Req. # 492035	1 case	1 36 x 12 = 16 32		x 1	16 32
"	007110000021 Dressing Original		"	"	"	3 09 x 6 = 18 54		x 1	18 54
"	003900008104 Corned Beef		"	"	3 cases	9 8 x 24 = 23 52		x 3	70 56
"	00210007287 Cheese Mozz H		Damaged	C Request # 881622	1 case	1 73 x 12 = 20 76		x 1	20 76

b MAKE CHECKS PAYABLE

i MAIL CHECK TO
DECA EAST SVC GTR
PO BOX 80028
FT LEE VA 23801-8390

u VENDOR'S REMIT ADDRESS
FLEMING CO, INC
3400 N W 74TH AVE
POBOX 52047 MIAMI, FL 33152

v CHECK ATTACHED
CHECK TO FOLLOW
DEDUCT FROM NEXT INVOICE
VCMCC

w GRAND TOTAL
x CONTROL NUMBER

Continue

y PRINTED NAME AND SIGNATURE OF COMPANY REPRESENTATIVE

MONA MOCK *Mona Mock* *Mona Mock* 1/16/03

z REMARKS

ROLL UP 3014

NOTICE CREDIT MEMOS WHICH ARE NOT PAID WITHIN 30 DAYS OF EFFECTIVE DATE ARE SUBJECT TO INTEREST

HQCSJM

Key West, FL

aa PRINTED NAME AND SIGNATURE OF COMMISSARY OFFICER OR STORE MANAGER
BRIAN YOUNG, COMMISSARY STORE OFFICER

bb SPECIAL PRICE CHANGED BY (Name Signature and Title)

cc. DATE

T-296 P 001/004 F-152
305 293 4404

KEY WEST COMMISSARY

From-

JAN-16-2003 03 36

1 15

Jan-15-03

T-296 P 002/004 F-152
305 293 4404 P 04

KEY WEST COMMISSARY

From-
JAN-16-2003 11 16 03 36

VENDOR CREDIT MEMO <i>(For use of this form, see DeCAD 70-6 OPR is RM)</i>		a. COMPANY/SUPPLY BULLETIN NUMBER	b. DOCUMENT NUMBER	c. DATE	d. EFFECTIVE DATE		e. PAGE 2 OF 2 PAGES		
COMMISSARY AND DODAAC KEY WEST, FL HQCSJM ME		FLEMING CO INC 02G5588	SJM-E6048	1-15 January 2003	RETURNED MORE DAMAGED/SALV PRICE REDUCTION		<input type="checkbox"/>		
NAME OF ACCOUNTABLE OFFICER BRIAN YOUNG, COMMISSARY STORE OFFICE		DEPARTMENT GROCERY							
j. ITEM (UPC 5-16 Digits)	k. BRAND NAME (NSN 13 Digits)	l. U.I.	m. UNITS ON HAND		n. TOTAL UNITS	o. OLD PRICE	p. NEW PRICE	q. PRICE DIFFERENCE	r. TOTAL DOLLAR AMOUNT
			WAREHOUSE	STORE					
Pull # 01115J406	Unknown Average Cost 002100065883		Damaged	C Request # 885353	3 Cases	\$18.72	X 3 =	\$56.16	\$56.16
"	Mac N- Chs Dinner 003900008104		"	"	1 case	.49	X 48 =	23.52	23.52
"	Corned Beef 002100075262		Out of Stock	Request # 492064	4 cases	.98	X 24 =	23.52 x 4 =	94.08
"	Cheese N Breadst		"	"	1 case	1.36	X 12 =	16.32	16.32
Empty rows									
s. MAKE CHECKS PAYABLE		l. MAIL CHECK TO		u. VENDOR'S REMIT ADDRESS		v. CHECK ATTACHED		w. GRAND TOTAL	
DFAS-CO AFO DFAS-CO		DECA EAST SVC CTR PO BOX 90028 FT LEE, VA 23801-6390		FLEMING CO, INC 3400 N W 74TH AVE POBOX 52047 MIAMI FL 33152		CHECK TO FOLLOW DEDUCT FROM NEXT INVOICE VCMCC		\$600.00	
y. PRINTED NAME AND SIGNATURE OF COMPANY REPRESENTATIVE		x. CONTROL NUMBER							
MONA MOCK <i>Mona Mock</i>									
z. REMARKS ROLL UP <u>3014</u>		NOTICE CREDIT MEMOS WHICH ARE NOT PAID WITHIN 30 DAYS OF EFFECTIVE DATE ARE SUBJECT TO INTEREST							
aa. PRINTED NAME AND SIGNATURE OF COMMISSARY OFFICER OR STORE MANAGER		bb. SPECIAL PRICE CHANGED BY (Name Signature and Title)		cc. DATE					
BRIAN YOUNG, COMMISSARY STORE OFFICER		HQCSJM Key West, FL							

T-296 P 003/004 F-152
305 293 4404 P 105

KEY WEST COMMISSARY

From-
JAN-16-03 11 16
JAN-16-2003 03 37

VENDOR CREDIT MEMO <i>(For use of this form see DeCAD 70 6, OPR 13 RM)</i>		a COMPANY/SUPPLY BULLETIN NUMBER	b DOCUMENT NUMBER	c DATE	e				
COMMISSARY AND DODDAG KEY WEST, FL HQCSJM ME		FLEMING CO INC 02G5588	SJM- E6049	d EFFECTIVE DATE 1-15 January 2003	PAGE 1 OF 1 PAGES				
NAME OF ACCOUNTABLE OFFICER BRIAN YOUNG, COMMISSARY STORE OFFICE		DEPARTMENT GROCERY		RETURNED MERCH DAMAGED/SALV PRICE REDUCTION <input type="checkbox"/>					
ITEM (UPC 5 16 Digits)	BRAND NAME (NSN 13 Digits)	UI	m UNITS ON HAND		n TOTAL UNITS	o OLD PRICE	p NEW PRICE	q PRICE DIFFERENCE	r TOTAL DOLLAR AMOUNT
			WAREHOUSE	STORE					
02100012041	Bry Light Straw		Misspick	Credit Req # 882880	2 cases	55 x 12 = \$660	\$660 x 2 = \$1320		
01500000572	GB Pasta Ckn		"	"	1 case	90 x 12 = 1080	1080 x 1 = 1080		
0157000720	Sws Ms-Hot Ccbs		"	"	"	184 x 12 = 2208	2208 x 1 = 2208		
002400002868	Hani Banana Pnd		"	Credit Req # 877448	"	78 x 12 = 936	936 x 1 = 936		
003800002725	Kell Fsted Mini		"	C Request 877442	1 case	246 x 16 = 3936	3936 x 1 = 3936		
Empty rows									
s MAKE CHECKS PAYABLE		t MAIL CHECK TO		u VENDOR'S REMIT ADDRESS		v CHECK ATTACHED		w. GRAND TOTAL	
DFAS CO-AFO DFAS-CO		DECA EAST SVC CTR PO BOX 90028 FT LEE VA 23801-6390		FLEMING CO, INC 3400 N W 74TH AVE POBOX 52047 MIAMI, FL 33152		CHECK TO FOLLOW DEDUCT FROM NEXT INVOICE VCMCC		\$9552	
x CONTROL NUMBER									
y PRINTED NAME AND SIGNATURE OF COMPANY REPRESENTATIVE MONA MOCK <i>Mona Mock</i> <i>Mona Mock</i> 1/16/03									
z REMARKS ROLL UP <u>3014</u>									
NOTICE. CREDIT MEMOS WHICH ARE NOT PAID WITHIN 30 DAYS OF EFFECTIVE DATE ARE SUBJECT TO INTEREST HQCSJM									
aa PRINTED NAME AND SIGNATURE OF COMMISSARY OFFICER OR STORE MANAGER BRIAN YOUNG, COMMISSARY STORE OFFICER					bb SPECIAL PRICE CHANGED BY (Name, Signature and Title)			cc. DATE	

T-286 P 004/004 F-152
305 293 4404 P.02

KEY WEST COMMISSARY

From-
JAN-16-03 11 16
JAN-16-2003 03:36

VENDOR CREDIT MEMO

(For use of this form, see DeCAD 70-6, OPR is RM)

a. COMPANY/SUPPLY BULLETIN NUMBER FLEMING CO INC 02G558B	b. DOCUMENT NUMBER SJM E6050	c. DATE 1-15 January 2003	e. PAGE 1 OF 1 PAGES
f. COMMISSARY AND DODARL KEY WEST, FL HQCSJM ME		g. NAME OF ACCOUNTABLE OFFICER BRIAN YOUNG, COMMISSARY STORE OFFICE	h. DEPARTMENT GROCERY
			i. RETURNED BSE <input type="checkbox"/> DAMAGED/SALV <input checked="" type="checkbox"/> PRICE REDUCTION <input type="checkbox"/>

j. ITEM (UPC 5-16 Digits)	k. BRAND NAME (NSN 13 Digits)	l. UI	m. UNITS ON HAND		n. TOTAL UNITS	o. OLD PRICE	p. NEW PRICE	q. PRICE DIFFERENCE	r. TOTAL DOLLAR AMOUNT
			WAREHOUSE	STORE					
Call # 334E	0774385502 USDA Extra Lge		Damaged	c Reg # 881622	2 cases	\$25.70	x 2	\$51.40	\$51.40
Empty rows									

s. MAKE CHECKS PAYABLE DFAS-CO-AFO DFAS CO	t. MAIL CHECK TO: DECA EAST SVC CTR PO BOX 80028 FT LEE, VA 23801-639D	u. VENDOR'S REMIT ADDRESS FLEMING CO, INC 3400 N W 74TH AVE. POBOX 52047 MIAMI, FL 33152	v. CHECK ATTACHED CHECK TO FOLLOW DEDUCT FROM NEXT INVOICE VCMCC	<input checked="" type="checkbox"/> w GRAND TOTAL <input type="checkbox"/> x CONTROL NUMBER	\$51.40
--------------------------------------------------	---------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------	------------------------------------------------------------------------------------------------	---------

y. PRINTED NAME AND SIGNATURE OF COMPANY REPRESENTATIVE
 MONA MOCK *Mona Mock* *Mona Mock* 1/16/03

z. REMARKS
 ROLL UP 3014

NOTICE. CREDIT MEMOS WHICH ARE NOT PAID WITHIN 30 DAYS OF EFFECTIVE DATE ARE SUBJECT TO INTEREST

HQCSJM Key West, FL

aa. PRINTED NAME AND SIGNATURE OF COMMISSARY OFFICER OR STORE MANAGER
 BRIAN YOUNG, COMMISSARY STORE OFFICER

bb. SPECIAL PRICE CHANGED BY (Name, Signature, and Title)

cc. DATE

PREPARED 03 JAN 10
 DOL# AC HQCSJM
 SEQUENCE CASE UPC

FDS ROD RECEIPT REPORT
 KEY WEST COMMISSARY SOR3 MEM
 BLDG V4111

PCN YPP240
 TIME 1118 03

FDS PULL 0108SJM02

DISTRIBUTOR 05 - FLEMING COMPANIES INC

DRD DATE 03 JAN 10

CASE_UPC	CASES_SHIPPED	CASES_RECVD	NSN	RECEIPT_PRICE	ROD_CASES	EXT_GAIN	EXT_LOSS	REASON
CONTRACT	NOMENCLATURE		BRAND	UPK NET_WGT	UM UI	D/C/G		
002100072387	1	0	891002A132465	1 73	1		20 76	C
DECA0100G2086	CHEESE MOZZ H ZIP		KRAFT	012 8 00	OZ PK	2/93/2		
002100075262	1	0	894002A132899	1 36	1		16 32	C
DECA0100G2086	CHEESE N BREADSTICK 5 PK		HANDI SNACKS	012 5 45	OZ PK	2/42/0		
003900008104	3	0	890500A370453	98	3		70 56	C
DECA0100G2481	CORNERD BEEF		LIBBY	024 12 00	OZ CN	0/19/3		
007110000021	1	0	895000A138573	3 09	1		18 54	C
DECA0100G2000	DRESSING ORIG RANCH EZ SQZ		HIDDEN VALLEY	006 20 00	OZ BO	0/02/3		
555555555555	372	365	AVG-CASE-COST	20 44	7		143 08	C
DECA0197GN197	AVERAGE CASE COST ROD			001				
TOTAL RODS FOR PULL	5	TOTAL EXT GAIN	00	TOTAL EXT LOSS	269 26	NET ROD AMOUNT	\$269 26	(LOSS)

STORE NO 162-24140 REQUEST # 492035
 NAME KEY WEST NAS HOCSJM
 811 SIGSBEE ROAD ORIG # 200
 BLDG V4111 NAVAL AIR STATION RUN # 6306
 KEY WEST FL 33040-0000

INV #	ITEM	PACK	SIZE	ITEM DESCRIPTION	BILLED	OUT	INVC	PRICE
① 382853	82390	24	12 OZ	LBY CRNED BF M	3	3		38 640
② 382864	03095	6	20 OZ	HID VAL EASY SQUEEZE RNCH	1	1		17 700
③ 382868	32567	12	5 CT	KR HANDI SNK CHZ & BRDSTK	1	1		15 500
TOTALS					5	5		

③ 002100075262 - 1.36 x 12 =
 ② 007110000021 - 3.09 x 6 =
 ① 003900008104 - .98 x 24^{x3} =

(-5)



Pull #01085 JMO2 881622
CREDIT REQUEST NO

CREDIT REQUEST

NAME Key w/ NAB

STORE NO 24140

ADDRESS _____

DATE 00110 03

DEPARTMENT		OK FOR PICK UP BY (NAME) YOU MUST FILL IN REASON FOR RETURN
GROCERIES	FROZEN FOOD	
PRODUCE	DAIRY	
MEAT	OTHER	

QUAN	CODE	P/I	DESCRIPTION	PACK & SIZE	INVOICE NO.	CASE CREDIT	WEIGHT	B P	RTL DPT	REASON FOR CREDIT				ZTC-TIME	COOD	OFFICE USE ONLY			
										T/D	T/S	O/S	A			F	R/C	MISC	P/D
1	553531		KR SHRED MOREN		382877		002100												
2	940552		USDA EXTRA LGE		383887		007438558												
OVER NOT BILLED										TOTAL PRICE	WEIGHT	WILL KEEP	RE TURN	RTL DPT	DEPT	ACCOUNT NO - AMOUNT			

Eggs \$51.40

ISSUING DIVISION IF INTERCOMPANY

ORIGINATOR SIGNATURE P. Henderson

ORIGINATOR NO 4002

RETURNS RECEIVED BY _____

IF OVER 75 CASES OR \$1000 - must be approved by general manager

IF OVER 50 CASES OR \$500 - must be approved by accounting manager

APPROVED BY _____

CUSTOMERS RECEIPT



Pull # 01085JM02

881621

CREDIT REQUEST NO

CREDIT REQUEST

NAME Key west

STORE NO 24140

DATE 1 10 03

ADDRESS _____

DEPARTMENT		O K FOR PICK UP BY <u>1057</u> (NAME) YOU MUST FILL IN REASON FOR RETURN
GROGERIES	FROZEN FOOD	
PRODUCE	DAIRY	
MEAT	OTHER	

QUAN	CODE	P/I	DESCRIPTION	PACK & SIZE	INVOICE NO	CASE CREDIT	WEIGHT	B P	RTL DPT	REASON FOR CREDIT				REASON CODE	OFFICE USE ONLY										
										T/D	T/S	O/S	A		F	R/C	MISC	P/D	V/D	R/C					
<u>7</u>			<u>Wine</u>																						
<u>8</u>			<u>Wine</u>																						
<u>9</u>			<u>Wine</u>																						
OVER NOT BILLED							TOTAL PRICE	WEIGHT	WILL KEEP	RE/TURN	RTL DPT	DEPT	ACCOUNT NO - AMOUNT												

ISSUING DIVISION
IF INTERCOMPANY

ORIGINATOR SIGNATURE [Signature]

ORIGINATOR NO 40

RETURNS RECEIVED BY _____

IF OVER 75 CASES OR \$1000 - must be approved by general manager

IF OVER 50 CASES OR \$500 - must be approved by accounting manager

APPROVED BY _____

CUSTOMERS RECEIPT

PREPARED: 03 JAN 07
 DODAAC HQCSJM
 SEQUENCE: CASE UPC

FDS ROD RECEIPT REPORT
 KEY WEST COMMISSARY SOR3 MEM
 BLDG V4111

PCN YPP240
 TIME 1400 55

FDS PULL 01048JM02

DISTRIBUTOR 05 - FLEMING COMPANIES INC

DRD DATE: 03 JAN 07

CASE_UPC	CONTRACT	CASES_SHIPPED	CASES_RECVD	NSN	RECEIPT_PRICE		ROD_CASES		EXT_GAIN	EXT_LOSS	REASON
					UPK	NET_WGT	UM	UI			
002100065367	DECA0100G2088	1	0	895002A481101	99		1			11 88	C
				KRAFT	012	4 76	OZ	BX	0/20/3		
002100072926	DECA0100G2088	1	0	895000A481026	1 87		1			22 44	C
				KRAFT	012	16 00	OZ	BO	0/02/3		
002100075262	DECA0100G2086	1	0	894002A132899	1 36		1			16 32	C
				HANDI SNACKS	012	5 45	OZ	PK	2/42/0		
003900008587	DECA0100G2481	2	0	894000A370426	98		2			23 52	C
				LIBBY	012	15 00	OZ	CN	0/19/3		
004300012601	DECA0100G2082	1	0	892001A058327	2 47		1			34 58	C
				CEREAL GREAT GRAINS CRNCHY PCN POST	014	16 00	OZ	BX	0/29/2		
004440012230	DECA0199G0076	1	0	890500A233005	2 66		1			31 92	C
				FRZ SHRIMP ALFREDO BOWL GORTONS	012	10 50	OZ	PK	3/67/7		
TOTAL RODS FOR PULL		6	TOTAL EXT GAIN		00	TOTAL EXT LOSS		140 66	NET ROD AMOUNT	\$140 66	(LOSS)

STORE NO 162-24140 REQUEST # 492004
 NAME KEY WEST NAS HOCSJM ORIG # 200
 811 SIGSBEE ROAD RUN # 3006
 BLDG V4111 NAVAL AIR STATION
 KEY WEST FL 33040-0000

INV #	ITEM	PACK	SIZE	ITEM DESCRIPTION	BILLED	OUT	INVC	PRICE
379652	60186	12	16 OZ	KFT ITAL PLSTC DRNG M	1	1	26	090
379652	66740	12	4 76 OZ	KFT PSTA PRONTO CRMY HERB	1	1	11	750
379655	32567	12	5 CT	KR HANDI SNK CHZ & BRDSTK	1	1	15	500
TOTALS					3	3		

① 002100072926 - 187 x 12

② 002100065367 - .99 x 12

③ 002100075262 - 136 x 12

FLEMING - MIAMI DIVISION FLEMING COMPANIES, INC TUE 01/07/03 PAGE 1
 WAREHOUSE OUT-OF-STOCK CREDIT REQUEST

STORE NO 162-24140 REQUEST # 492005
 NAME KEY WEST NAS HQCSJM
 811 SIGSBEE ROAD ORIG # 200
 BLDG V4111 NAVAL AIR STATION RUN # 3006
 KEY WEST FL 33040-0000

INV #	ITEM	PACK	SIZE	ITEM DESCRIPTION	BILLED	OUT	INVC	PRICE
379638	82392	12	15 OZ	LBY CRNED BF HSH M	2	2	15	000
379654	33647	14	16OZ	POST GREAT GRAINS PECANS	1	1	36	710
TOTALS					3	3		

0003900008587 - .98x12

004300012601 - 247x14

FLEMING - MIAMI DIVISION FLEMING COMPANIES, INC MON 01/06/03 PAGE 1
WAREHOUSE OUT-OF-STOCK CREDIT REQUEST

STORE NO 162-24140 REQUEST # 492001
NAME KEY WEST NAS HQCSJM
811 SIGSBEE ROAD ORIG # 200
BLDG V4111 NAVAL AIR STATION RUN # 3006
KEY WEST FL 33040-0000

INV #	ITEM	PACK	SIZE	ITEM DESCRIPTION	BILLED	OUT	INVC	PRICE
379663	64536	12	10 5 OZ	GRTN ALFRDO SHRMP BWL M	1	1		28 800
TOTALS					1	1		

0044400/2730 - 266x12

CWWT104-01 22 37 46

END OF REPORT

CUSTOMER COPY



CREDIT REQUEST

CREDIT REQUEST NO 877442

NAME Key west DDS

STORE NO 24140

ADDRESS _____

DATE 12 31 02

DEPARTMENT			OK FOR PICK UP BY
GROCERIES	FROZEN FOOD		
PRODUCE	DAIRY		(NAME) YOU MUST FILL IN REASON FOR RETURN
MEAT	OTHER		

QUAN	CODE	P/I	DESCRIPTION	PACK & SIZE	INVOICE NO	CASE CREDIT	WEIGHT	B P	RTL DPT	T/D	T/S	O/S	A	REASON FOR CREDIT	OFFICE USE ONLY
1	334813		Xcell FASTed mini		372488		246 x 16 x 39.36								
							00.380000								

OVER NOT BILLED				TOTAL PRICE	WEIGHT	WILL KEEP	RE TURN	RTL DPT	DEPT	ACCOUNT NO - AMOUNT
1			Best yet Spaghetti							

ISSUING DIVISION IF INTERCOMPANY

ORIGINATOR SIGNATURE [Signature]
ORIGINATOR NO 402

RETURNS RECEIVED BY

IF OVER 75 CASES OR \$1000 - must be approved by general manager

IF OVER 50 CASES OR \$500 - must be approved by accounting manager

APPROVED BY



3011

882880

CREDIT REQUEST

CREDIT REQUEST NO

NAME NAS Key West

STORE NO 24140

ADDRESS _____

DATE 1 7 03

DEPARTMENT		OK FOR PICK UP BY <u>AW</u> (NAME) YOU MUST FILL IN REASON FOR RETURN
GROCERIES	FROZEN FOOD	
PRODUCE	DAIRY	
MEAT	OTHER	

QUAN	CODE	P/I	DESCRIPTION	PACK & SIZE	INVOICE NO	CASE CREDIT	WEIGHT	B P	RTL DPT	T/D	T/S	O/S	A	REASON FOR CREDIT	OFFICE USE ONLY
2	5671		BODY LIGHT STRAW CRIS	36496			021000	1	2041					- 55x42 = \$6.60 = 132	
1	15012		CRACKED PEANUT CRIS	364937			01500000		572					- 90x12 = \$10.80	
1	82166		SUS NS S/F HOT COCA	364936			01570007		200					- 1.84x12 = \$22.08	

QUAN	DESCRIPTION	TOTAL PRICE	WEIGHT	WILL KEEP	RE TURN	RTL DPT	DEPT	ACCOUNT NO - AMOUNT
2	KEY LEAN							
1	VAN CAMPBELL							
1	FOLDERS W/RT BNS							

ORIGINATOR SIGNATURE

Alfredo

ISSUING DIVISION IF INTERCOMPANY

ORIGINATOR NO 210

RETURNS RECEIVED BY

IF OVER 75 CASES OR \$1000 - must be approved by general manager

IF OVER 50 CASES OR \$500 - must be approved by accounting manager

APPROVED BY

CUSTOMERS RECEIPT



877448

CREDIT REQUEST

CREDIT REQUEST NO

NAME Key West NAS

STORE NO 24140

ADDRESS _____

DATE 1 07 03

DEPARTMENT		OK FOR PICK UP BY
GROCERIES	FROZEN FOOD	
PRODUCE	DAIRY	
MEAT	OTHER	(NAME) YOU MUST FILL IN REASON FOR RETURN

QUAN	CODE	P/I	DESCRIPTION	PACK & SIZE	INVOICE NO	CASE CREDIT	WEIGHT	B P	RTL DPT	T/D	T/S	O/S	A	REASON FOR CREDIT	OFFICE USE ONLY
1	38370S		HANSH BAUMAN PUDG	379654			0024000		02868					- 78x12 = \$9.36	

QUAN	DESCRIPTION	TOTAL PRICE	WEIGHT	WILL KEEP	RE TURN	RTL DPT	DEPT	ACCOUNT NO - AMOUNT
1	SNACK							

ORIGINATOR SIGNATURE

Photo/one

ISSUING DIVISION IF INTERCOMPANY

ORIGINATOR NO 402

RETURNS RECEIVED BY

IF OVER 75 CASES OR \$1000 - must be approved by general manager

IF OVER 50 CASES OR \$500 - must be approved by accounting manager

APPROVED BY

CUSTOMERS RECEIPT

PREPARED 03 JAN 14
 DODAAC HQCSJM
 SEQUENCE CASE UPC

FDS ROD RECEIPT REPORT
 KEY WEST COMMISSARY SOR3 MEM
 BLDG V4111

PCN YPP240
 TIME 1041 48

FDS PULL 0111SJM06

DISTRIBUTOR 05 - FLEMING COMPANIES INC

DRD DATE 03 JAN 14

CASE_UPC CONTRACT	CASES_SHIPPED NOMENCLATURE	CASES_RECVD	NSN BRAND	RECEIPT_PRICE		ROD_CASES		EXT_GAIN	EXT_LOSS	REASON
				UPK	NET_WGT	UM	UI			
002100065883 DECA0100G2088	1 MAC N CHS DINNER	0	894000A481051 KRAFT	49		1			23 52	C
002100075262 DECA0100G2086	1 CHEESF N BREADSTICK 5 PK	0	894002A132899 HANDI SNACKS	1 36		1			16 32	C
003900008104 DECA0100G2481	4 CORNEB BEEF	0	890500A370453 LIBBY	98		4			94 08	C
555555555555 DECA0197GN197	332 AVERAGE CASE COST ROD	329	AVG-CASE-COST	18 72		3			56 16	C
TOTAL RODS FOR PULL	4	TOTAL EXT GAIN	00	TOTAL EXT LOSS		190 08	NET ROD AMOUNT		\$190 08	(LOSS)

FLEMING -- MIAMI DIVISION FLEMING COMPANIES, INC. TUE 01/14/03 PAGE 1
 WAREHOUSE OUT-OF-STOCK CREDIT REQUEST

STORE NO 162-24140 REQUEST # 492064
 NAME KEY WEST NAS HOCSJM
 811 SIGSBEE ROAD ORIG # 200
 BLDG V4111 NAVAL AIR STATION RUN # 3011
 KEY WEST FL 33040-0000

INV #	ITEM	PACK	SIZE	ITEM DESCRIPTION	BILLED	OUT	INVC	PRICE
387314	82390	24	12 OZ	LBY CRNED BF M	4	4		38 640
② 387336	32567	12	5 CT	KR HANDI SNK CHZ & BRDSTK	1	1		15 500
TOTALS					5	5		

① 00390000 8104 - .98 x 24 =

② 002100075262 - 1.36 x 12 =

L. Fleming

Roll # 01119JMO6

CREDIT REQUEST

CREDIT REQUEST NO **885353**

NAME Key unit DAS

STORE NO 24140

ADDRESS _____

DATE 1 N 105

DEPARTMENT		O.K. FOR PICK UP BY
GROCERIES	FROZEN FOOD	
PRODUCE	DAIRY	
MEAT	OTHER	
(NAME) YOU MUST FILL IN REASON FOR RETURN		

QUAN	CODE	P/I	DESCRIPTION	PACK & SIZE	INVOICE NO	CASE CREDIT	WEIGHT	REASON FOR CREDIT								OFFICE USE ONLY								
								B P	RTL DPT	T/D	T/S	O/S	A	Z	F	R/C	MISC	S/D	V/C					
<u>1</u>	<u>309153</u>		<u>XY KR Mac cheeses</u>		<u>387334</u>		<u>002100065883</u>																	
<u>3</u>			<u>unknown</u>		<u>11</u>																			

OVER NOT BILLED

TOTAL PRICE WEIGHT WILL KEEP RE TURN RTL DPT DEPT ACCOUNT NO - AMOUNT

ISSUING DIVISION IF INTERCOMPANY

ORIGINATOR SIGNATURE

ORIGINATOR NO [Signature]

RETURNS RECEIVED BY

IF OVER 75 CASES OR \$1000 - must be approved by general manager

IF OVER 50 CASES OR \$500 - must be approved by accounting manager

CUSTOMERS RECEIPT

APPROVED BY