



PSC FREIGHT REIMBURSEMENT FORM

48 Meadow Ave. • Joliet • Illinois • 60436 • (815) 744-3384 • (800) 343-5289 • Fax (815) 744-6931

Date: _____	# of Invoices Submitted: _____
Salon Acct. #: _____	
Salon Name: _____	
Salon Address: _____	
City: _____	State: _____ Zip: _____
Salon Phone #: _____	Salon Contact: _____

	<u>Invoice Date</u>	<u>Invoice #</u>	<u>Freight \$</u>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____
(5)	_____	_____	_____
(6)	_____	_____	_____
(7)	_____	_____	_____
(8)	_____	_____	_____
(9)	_____	_____	_____
(10)	_____	_____	_____

- Reimbursement Instructions**
1. Total freight billed must be no less than \$100.00 before form may be submitted.
 2. Be sure form is completely filled out.
 3. Include copies of all invoices submitted. (COD charges do not qualify for reimbursement)
 4. When submitting more than 10 invoices, please use additional forms.
 5. Keep copies of reimbursement forms and invoices

For Internal Use Only

Access #: _____

Processed By: _____

Date: _____

PSC Invoice #: _____

Freight Credit Total: _____

Notes:
