

HILL'S COUPON PAYMENT REQUEST INVOICE

STORE NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SUBMISSION DATE: _____ HILL'S ACCOUNT NUMBER: _____

REQUISITION NUMBER*: _____

*Please assign a number to this invoice requisitions. That number will appear on your check so you can reconcile payment against this request.

COUPON CODE NUMBER (Above bar code)	COUPON VALUE	X	QUANTITY =	TOTAL
Total Coupon Value				
# coupons x \$0.08				
Total				

ENCLOSE THIS FORM WITH SHIPMENT OF COUPONS AND MAIL TO:

HILL'S COUPON REDEMPTION CENTER
CMS Dept. 52742
One Fawcett Drive
Del Rio, TX 78840-9903