

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA
LIQUOR CONTROL BOARD

STANDARD QUOTATION AND SPECIFICATION FORM

BUREAU OF
PRODUCT SELECTION

TODAY'S DATE:	REQUESTED EFFECTIVE DATE:	PRODUCT AVAILABILITY DATE:	PLCB CODE:
---------------	---------------------------	----------------------------	------------

IS THE PRODUCT BEING SUBMITTED TO BE CONSIDERED A LISTED ITEM, A LUXURY ITEM, OR A CHAIRMAN'S ITEM?	IS THE PRODUCT <input type="checkbox"/> IMPORTED? OR <input type="checkbox"/> DOMESTIC?
---	--

DATED PRODUCT: <input type="checkbox"/> PACKAGED/BOTTLED ON <input type="checkbox"/> N/A <input type="checkbox"/> CONSUME/USE/BEST BY <input type="checkbox"/> OTHER	WHAT IS THE DELIVERY LEAD TIME? (IN DAYS)
--	---

SHIPPING METHOD:

SHIPPING POINT NAME AND ADDRESS:

<small>NAME</small>	<small>STREET ADDRESS</small>	<small>CITY</small>	<small>STATE</small>	<small>ZIP CODE</small>
---------------------	-------------------------------	---------------------	----------------------	-------------------------

DISTILLED OR PRODUCED BY:

<small>NAME</small>	<small>STREET ADDRESS</small>	<small>CITY</small>	<small>STATE</small>	<small>ZIP CODE</small>
---------------------	-------------------------------	---------------------	----------------------	-------------------------

BOTTLED BY:

ATTRIBUTES (CHECK ALL THAT APPLY):

<input type="checkbox"/> ORGANIC	<input type="checkbox"/> SULFITE FREE	<input type="checkbox"/> BIODYNAMIC	<input type="checkbox"/> VEGAN	<input type="checkbox"/> GLUTEN FREE
<input type="checkbox"/> KOSHER	<input type="checkbox"/> KOSHER FOR PASSOVER	<input type="checkbox"/> MAVUSHAL	<input type="checkbox"/> OTHER	

WINE COMPLETE NAME:

WINE COMPLETE FLAVOR/GRAPE VARIETY:

WINE APPELLATION:

WINE QUALITY (E.G. RESERVE):	BODY/TASTE:
------------------------------	-------------

WINE CLASS:	WINE ALCOHOL %:	VINTAGE YEAR:	WINE COLOR:
-------------	-----------------	---------------	-------------

SPIRIT COMPLETE NAME:

SPIRIT TYPE:

SPIRIT APPELLATION:	BODY/TASTE:
---------------------	-------------

SPIRIT AGE:	SPIRIT PROOF:	SPIRIT FLAVOR:
-------------	---------------	----------------

ACCESSORY COMPLETE NAME:

ACCESSORY TYPE:

	FOR VENDOR USE ONLY	FOR PLCB USE ONLY
UNIQUE PACKAGING: <input type="checkbox"/> PET <input type="checkbox"/> BOX <input type="checkbox"/> POUCHES <input type="checkbox"/> BOX BEVERAGE CARTON TETRA PAK <input type="checkbox"/> CAN <input type="checkbox"/> DISPLAY <input type="checkbox"/> VAP <input type="checkbox"/> OVERSIZED <input type="checkbox"/> OTHER		
UNIVERSAL PRODUCT CODE EAN/UCC13		
OUNCES PER BOTTLE:		
METRIC PER BOTTLE:		
BOTTLE DIMENSIONS (LXWXH)/INCHES:	LENGTH WIDTH HEIGHT	LENGTH WIDTH HEIGHT
# UNITS PER CASE:		
# OF UNITS PER INNER:		
# OF INNERS PER CASE:		
CASE SIZE (LXWXH)/INCHES	LENGTH WIDTH HEIGHT	LENGTH WIDTH HEIGHT
CASE WEIGHT (LBS):		
PALLET INFORMATION		
SHIPPING CONTAINER CODE SCC EAN/UCC14:		
TIER (# OF CASES PER TIER OR LAYER):		
HEIGHT (# OF TIERS OR LAYERS HIGH):		
PALLET SIZE (# OF CASES PER PALLET):		
NET COST FOB SHIPPING POINT:		
ADD OCEAN FREIGHT IF SHIPPED FROM ABROAD:		
ADD MARINE INSURANCE IF SHIPPED FROM ABROAD:		
ADD US FREIGHT IF QUOTING ON A DELIVERED BASIS:		
TOTAL INVOICE COST (IN BOND) <input type="checkbox"/> YES <input type="checkbox"/> NO <small>[TOTAL INVOICE COST MUST BE EQUAL TO THE UNIT COST MULTIPLIED BY THE UNITS PER CASE (NO FRACTIONS OF A CENT)]</small>	UNIT COST:	CASE COST:
CONSOLIDATION:		
TOTAL PLCB COST:	UNIT COST:	CASE COST:
SUPPLIER SUGGESTED RETAIL SHELF PRICE:		
PLCB RETAIL SHELF PRICE:		
TOTAL CASES AGREED UPON:		
TOTAL CASES AVAILABLE TO ORDER:		
ESTIMATED IN-STORE DATE:		
TASTING NOTES:		

THESE PRICES ARE QUOTED SUBJECT TO AND IN ACCORDANCE WITH THE "STANDARD CONTRACT TERMS AND CONDITIONS FOR PURCHASE ORDERS" FOUND AT WWW.LCB.PA.GOV. WE CERTIFY THAT THE FOREGOING INFORMATION IS CORRECT.

NAME OF COMPANY/VENDOR OF RECORD	AUTHORIZED OFFICIAL NAME AND TITLE	SIGNATURE OF AUTHORIZED OFFICIAL
----------------------------------	------------------------------------	----------------------------------

PLCB LICENSE/ PERMIT NO. (IF REQUIRED)	ADDRESS:	CITY:	STATE:	ZIP CODE:
--	----------	-------	--------	-----------

INSTRUCTIONS FOR COMPLETING PLCB-0020: STANDARD QUOTATION AND SPECIFICATION FORM

TODAY'S DATE: Today's date will auto-fill and cannot be changed.

REQUESTED EFFECTIVE DATE: Date that all information on this form will be current and effective. A numerical date must be entered in the mm/dd/yyyy format.

PRODUCT AVAILABILITY DATE: Date the product will be available for the PLCB to order. A numerical date must be entered in the mm/dd/yyyy format.

PLCB CODE: Please provide, if known.

IS THE PRODUCT BEING SUBMITTED TO BE CONSIDERED A LISTED ITEM, A LUXURY ITEM OR A CHAIRMAN'S ITEM? Select one choice from the drop-down menu. This is a mandatory field.

IS THE PRODUCT IMPORTED OR DOMESTIC? Select the appropriate check box.

DATED PRODUCT: Check all boxes that apply. If "OTHER" is selected, please fill out the associated text box with additional detail.

DELIVERY LEAD TIME? Number of days before the item can be delivered to PLCB distribution centers.

SHIPPING METHOD: Choose from the drop-down menu to indicate how the product will be delivered to the PLCB. Please review all options carefully and select as appropriate. This is a mandatory field.

SHIPPING POINT NAME AND ADDRESS, DISTILLED OR PRODUCED BY, and BOTTLED BY: Self-explanatory.

ATTRIBUTES: Check all boxes that apply. If "OTHER" is selected, please fill out the associated text box with additional detail.

WINE COMPLETE NAME: Producer's complete name. For example, Heitz Cellars Cabernet Sauvignon Martha's Vineyard Napa Valley 2014

WINE COMPLETE FLAVOR/GRAPE VARIETY: Provide if applicable. For example, Peach Moscato or Chardonnay.

WINE APPELLATION: Provide if applicable. For example, Bordeaux.

WINE QUALITY: Provide any distinguishing characteristics of the wine. For example, Reserve, Crianza, etc.

BODY/TASTE: Choose from the drop-down menu. This is a mandatory field.

WINE CLASS: Choose from the drop-down menu. This is a mandatory field.

WINE ALCOHOL %: Enter the percentage of alcohol in the wine as a full number with up to one decimal place. For example, "13.5" would indicate 13.5 percent alcohol content.

VINTAGE YEAR: Self-explanatory.

WINE COLOR: Choose from the drop-down menu. This is a mandatory field.

SPIRIT COMPLETE NAME: Producer's name. For example, Glenfiddich Single Malt Scotch Whisky Trio 12 Year 15 Year and 18 Year Old

SPIRIT TYPE: i.e.: Rum, Vodka, Gin, Scotch, etc.

SPIRIT APPELLATION: Provide if applicable. For example, Islay.

BODY/TASTE: Choose from the drop-down menu. This is a mandatory field.

SPIRIT AGE, SPIRIT PROOF: Self-explanatory. For example, 25 Year Old, 86 Proof

SPIRIT FLAVOR: Provide, if applicable. For example, Grape, Peach, Cucumber.

ACCESSORY COMPLETE NAME and TYPE: Self-explanatory.

UNIQUE PACKAGING: If the item is not packaged in a standard glass bottle and case, please check all boxes that apply. If "OTHER" is selected, please fill out the associated text box with additional detail.

UNIVERSAL PRODUCT CODE EAN/UCC13: Provide the UPC off the bottle, if available.

OUNCES and METRIC PER BOTTLE: Choose from the drop-down menus, ensuring the equivalent amount is selected from each menu. If "OTHER" is selected, please fill out the associated text box with additional detail. These are mandatory fields.

BOTTLE DIMENSIONS: Provide length (measurement front to back between the bottle's longest points), width (measurement left to right between the bottle's widest points) and height (top-to-bottom measurement of the bottle). For example, if a bottle has a narrow base with a wider collar, please provide the length and width dimensions of the collar, the longest/widest part of the bottle. This is a mandatory field.

OF UNITS PER CASE: Provide the number of units per case. This is a mandatory field.

OF UNITS PER INNER: If a case is made up of inners (or sleeves), provide the number of units in each inner.

OF INNERS PER CASE: Provide the number of inners (or sleeves) in each case.

CASE SIZE: Provide case dimensions of length by width by height in inches up to 2 decimal places. Do not use fractions. This is a mandatory field.

CASE WEIGHT: Provide in pounds. This is a mandatory field.

SHIPPING CONTAINER CODE (SCC) EAN/UCC14: Provide this code, including valid check digit. Entry should not be greater than 14 digits.

TIER: Provide the number of cases per pallet layer. This is a mandatory field.

HEIGHT: Provide the number of case layers per pallet. This is a mandatory field.

PALLET SIZE: This is a self-calculating field that will use the TIER and HEIGHT fields to determine the total number of cases on a pallet.

**INSTRUCTIONS FOR COMPLETING PLCB-0020:
STANDARD QUOTATION AND SPECIFICATION FORM (Cont'd)**

NET COST FOB SHIPPING POINT:

- **ADD OCEAN FREIGHT IF SHIPPED FROM ABROAD, ADD MARINE INSURANCE IF SHIPPED FROM ABROAD, ADD US FREIGHT IF QUOTING ON A DELIVERED BASIS:** Provide the supplier's or vendor's costs to ship, as appropriate.
- **TOTAL INVOICE COST (IN BOND):** If in bond, check "YES;" If not in bond, check "NO."
- **UNIT COST:** Divide CASE COST (auto-calculated) by the number of units in the case. Must divide evenly to 2 decimal places, no rounding. • **CASE COST** will automatically calculate based on preceding cost fields.
- **CONSOLIDATION:** Choose from the drop-down menu, selecting the same option as was selected for "SHIPPING POINT." This is a mandatory field. For example, if "Mid Atlantic Consolidation (MAC) - Vendor works with PLCB" is selected under "SHIPPING POINT," vendor would select "MAC 2.80" under "CONSOLIDATION."

TOTAL PLCB COST:

- **UNIT COST:** Divide CASE COST (auto-calculated) by the number of units in the case.
- **CASE COST** will automatically calculate based on **TOTAL INVOICE COST (CASE COST)** and **CONSOLIDATION**.

SUPPLIER SUGGESTED RETAIL SHELF PRICE: Provide your recommended retail price.

PLCB RETAIL SHELF PRICE: PLCB will complete this field.

TOTAL CASES AGREED UPON: Provide total number of cases negotiated and agreed upon by PLCB.

TOTAL CASES AVAILABLE TO ORDER: Provide total number of cases available to order, should PLCB or private wine retailers seek additional order quantities above the total agreed upon.

ESTIMATED IN-STORE DATE: PLCB will complete this field.

TASTING NOTES: Provide tasting notes for the item. Font size will adjust smaller as more copy is entered.

NAME OF COMPANY/VENDOR OF RECORD/AUTHORIZED OFFICIAL NAME AND TITLE: Provide information as requested. This document must be signed by entering an electronic signature in the designated signature field. For purposes of this document, an acceptable electronic signature must consist of a forward slash, followed by the signatory's name (with or without a middle initial), followed by a forward slash (for example, "/john doe/" or "/john a. doe/"). By signing this document, you are affirming that you are authorized to act on behalf of the supplier in completing and submitting this document, and that the information being provided is valid and accurate.

PLCB LICENSE/PERMIT NO. (IF REQUIRED)/ADDRESS/CITY/STATE/ZIP CODE: Enter such information for the vendor of record.