



## End Of Shift Sales Dispute Form

This section is to be completed by the person filing the dispute:

Name of Disputing Party: \_\_\_\_\_

Date Of Dispute: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Shift During Which Dispute Occurred: Day    Night

Amount Of Sales Management Claims: \_\_\_\_\_

Amount Of Sales Disputing Party Claims: \_\_\_\_\_

Name: \_\_\_\_\_

Stage Name: \_\_\_\_\_

Manager Name: \_\_\_\_\_

Employee Signature \_\_\_\_\_

Manager Signature \_\_\_\_\_