Business Name
Street Address
City/State/Zip

Product Entry Form and Bill of Materials

Item #: _____

Category: _____ Unit of Measure: _____

Description: _____

Retail Price: _____ Disc. Price:_____

Prepared By: _____ Date: _____

Entered By: _____ Date: _____

Materials Breakdown

Item	Qty.	Unit	Cost / Unit	Extended Cost
			Total Cost:	