## Point-of-Sale Display Modification Approval Form

Requestor Name			
Department			
Date			
Display Details			
Current Location			
Display Type			
SKU/ltem(s) Involved			
Description of Proposed Mo	dification		
Reason for Modification			
Implementation Details			
Planned Start Date			
Planned End Date			
Resources Required			
Potential Impact (if any)			
Additional Notes			
Approvals			
Name Sign	ature	Date	Comments

Date	
Manager Approval	
Date	
Further Approval (if required)	
Date	