



This document is a guide to define, align, and approve activities in Best Buy stores. Fill in the applicable section depending on the program activity chosen.

Provider (If Applicable): _____ **Vendor:** _____

Program Overview: _____

3PL Contact (If Applicable): Name: _____ E-mail: _____ Phone: _____

Vendor Contact: Name: _____ E-mail: _____ Phone: _____

BBY Contact: Name: _____ E-mail: _____ Phone: _____

Program Activity: Click to view [Activity Type Definitions](#).

Sales: **Training:** **Demo:** **Merchandising:**

Sales, Training, or Demo:

Start Date: _____ **End Date:** _____

of Stores Covered: _____ **~# of Reps:** _____ **Primary Dept:** _____

Typical Days in Store: *Sun / Mon / Tues / Wed / Thurs / Fri / Sat*

Primary Shifts: _____ **AM/PM** - _____ **AM/PM** **Notes:** _____

Frequency of Visits: *Weekly / Bi-Weekly / Monthly / Quarterly / Other:* _____

Average Visit Length: _____

Key Performance Indicators: _____

Uniform: *(Lanyard, Logo, Shirt Color if exception for non-white)* _____

Merchandising:

Start Date: _____ **End Date:** _____

of Stores: _____ **~# of Reps:** _____ **Project or Continuity:** _____

Category(s): _____

Planogram Title(s): _____

Project Level: _____ **Estimated Time to Complete:** _____ **1 or 2 Person Job:** _____

How are Materials Arriving: *(Merch Kit, Direct to Store, Hand Carry, etc.)* _____

Materials Being Removed (Y or N): If Yes, What and What is Disposal Plan?: _____

Date Notified by Vendor: _____

Key Task(s)/SOW: *(Signage, Sku(s) in/out, fixtures, security, etc.)* _____