

# Vendor Claim

Presentation Date: 2/4/2017

Claimant Claim ID: VC000715751

Company: US Foods - TAMPA (9D)

Claim is hereby filed with the below vendor for:

Short and Damage

in connection with the shipment described below:

PO Number: 3531769D

## Claimant

US Foods - TAMPA (9D)

Remit To: Div 1710

2545 Collections Center Drive

Chicago, IL 60693-2545

Contact: National SIS

Phone: 8136216677

Email: sis.arrequests@usfoods.com

Freight Bill (Pro) Number:

Shipment Date:

Delivery Date: 01/25/2017

Vendor	MCCAIN FOODS/ORE-IDA 2629 N. HIGHWAY 281 P.O. BOX 730 GRAND ISLAND, NE 688010000	Vendor Claim ID: Carrier Bill-of-Lading: Carrier BOL Date: Vehicle Number: Vendor Number: 9D000085 Buyer Code: 0204 M X NONAH Delivery Carrier: 9999998 USF DELIVERED
Shipper	MCCAIN FOODS/ORE-IDA 2629 N. HIGHWAY 281 GRAND ISLAND, NE 688010000 P.O. BOX 730	Point Shipped From: Consignee: US Foods - Tampa Destination: 7004 East Hanna Tampa, FL 33610

## Detailed Statement Showing How Claim Amount Is Determined.

Product ID	Product Description	Quantity	Price	Disposition	Weight	Catch Wt.	Release	Line Total
9D2099570	POTATO, HASH BRN PTY OVAL 2.25 [OIF00589A] reason: Short - Never Received	2.0000	21.9400	100.00	18.1500		0.00	43.8800
9D2445161	POTATO, HASH BRN DCD CHNK FZN [VCR03727] reason: Damage	1.0000	22.4500	100.00	38.0000			22.4500
						Discount (-) Freight Charges (+) Additional Charges	\$0.00	
Currency shown in US DOLLAR (USD)						Total Claim Amount:	\$66.33 USD	

## Supporting Documentation

Document	Document ID/ Description	Last Update	File Stored
Bill of Lading	1-25-17 McCains 353176	02/04/2017	<input checked="" type="checkbox"/>
Photographs	1-25-17 McCains 353176	02/04/2017	<input checked="" type="checkbox"/>
PO Number	3531769D	01/25/2017	<input type="checkbox"/>

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Comments:

To Whom It May Concern,

Please note that this is NOTIFICATION of a possible freight claim for OS&D to your company. Attached you will find documents pertaining to a freight claim. If additional information is needed, you will be contacted by our Rosemont Claims Department within 48 hours.

Please note that this is a not a formal claim; a formal claim will be presented (if applicable) upon completion of documentation review.

Preparer's Name: Michael O'Toole  
Claims Administrator

Signature:

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