

Vendor Claim

Presentation Date: 2/6/2017

Claimant Claim ID: VC000716277

Company: US Foods - KANSAS CITY (6I)

Claim is hereby filed with the below vendor for:

Refused

in connection with the shipment described below:

PO Number: 3141356I

Claimant

U.S.FOODS, Inc. - KANSAS CITY (6I)

Remit To: Div 1710

2545 Collections Center Drive

Chicago, IL 60693-2545

Contact: National SIS

Phone: 8477208188

Email: sis.arrequests@usfoods.com

Freight Bill (Pro) Number:

Shipment Date:

Delivery Date: 01/26/2017

Vendor	MCCAIN FOODS USA STATION ROAD P.O. BOX 157 EASTON, ME 04740	Vendor Claim ID:
		Carrier Bill-of-Lading:
		Carrier BOL Date:
		Vehicle Number:
		Vendor Number: 6I019611
		Buyer Code: 0635 M X DAILEY
		Delivery Carrier: 5016466 APEX LOGISTICS
Shipper	MCCAIN FOODS USA STATION ROAD EASTON, ME 04740 P.O. BOX 157	Point Shipped From:
		Consignee: US Foods - Kansas City
		Destination: 4725 NW HWY 24 Topeka, KS 66618

Detailed Statement Showing How Claim Amount Is Determined.

Product ID	Product Description	Quantity	Price	Disposition	Weight	Catch Wt.	Release	Line Total
6I8370157	APPETIZER, MSHRM BRDD WHL RAW [50010138] reason: Refused	48.0000	38.9400	100.00	16.2000		0.00	1,869.1200
						Discount (-) Freight Charges (+) Additional Charges	\$0.00	
Currency shown in US DOLLAR (USD)						Total Claim Amount:	\$1,869.12 USD	

Supporting Documentation

Document	Document ID/ Description	Last Update	File Stored
Bill of Lading	314135	02/06/2017	<input checked="" type="checkbox"/>
Photographs	314135	02/06/2017	<input checked="" type="checkbox"/>
PO Number	3141356I	01/26/2017	<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: Jacob Howard
Claims Administrator

Signature:
