Claimant (Time on Drint)		
Claimant (Type or Print)	MOTA	<i>?</i> %
COMPANY NAME	2390 Crenshaw Blvd. # Torrance, CA 90	
STREET & NUMBER OR P.O. BOX NUMBER	704/0- 3	Tel: (310) 872-3695
CITY OR TOWN STATE ZIP CODE	PIVIC 6 F	Fax: (888) PMC-1010
CLAIMANT'S CLAIM NUMBER	LUGISTICS, LLC	
CLAIM IS HEREBY WITH PMC LOGISTICS, LLC TRANSPORTATION SERVICES, INC		
[]SHORTAGE []DAMAGE []OTHER_		
IN CONNECTION WITH THE SHIPMENT DESCRIBED BELOW:		
PMC REF/LOAD #	CONSIGNEE	·
CLAIMANT'S REF #	POINT SHIPPED FROM	
	DESTINATION	<u></u>
DETAILED STATEMENT SHOWING HOW CLAIM AMOUNT IS DETERMINED.		
(NUMBER & DESCRIPTION OF ARTICLES, NATURE & EXTENT OF LOSS OR DAMAGE, INV		
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
	TOTAL ARACHINT CLAURASE	\$ -
	TOTAL AMOUNT CLAIMED	\$ -
AS A NAINIMI IN A CLAIM MILIST DE SLIDDOPTED DY AT LEAST ONE DOCUMENT EDOM FACH OF THE FOLLOWING CATECORIES		
AS A MINIMUM, CLAIM MUST BE SUPPORTED BY AT LEAST ONE DOCUMENT FROM EACH OF THE FOLLOWING CATEGORIES. FAILURE TO INCLUDE SUFFICIENT DOCUMENTATION WILL DELAY PROCESSING OF CLAIM.		
_		
DOCUMENTATION OF TRANSPORTATION CONTRACT	DOCUMENTATION OF COSTS OF GOODS	
[] COPY OF BILL OF LADING	[] ORIGINAL PURCHASE (VENDOR) INVOICE	OR PHOTOCOPY
[] COPY OF FREIGHT BILL	OTHER DOCUMENTS TO SUPPORT CLAIM	
DOCUMENTATION THAT SHORTAGE OR DAMAGE OCCURRED	[] ORIGINAL REPAIR INVOICE OR PHOTOCO	PY
[] INSPECTION REPORT	[] RECORD OF DISCOUNTED SALE	
[] CONSIGNEE COPY OF FREIGHT BILL WITH SHORTAGE	[] PACKING LIST	
OR DAMAGE NOTATION BY DRIVER	[] OTHER	
Remarks	Mail To:	
	PMC Logistics, LLC	
	ATTN: CLAIMS DEPARTMENT	
	2390 Crenshaw Blvd. #529	
PREPARER'S	Torrance, CA 90501 FAX TO:	
NAME PHONE ()	(888) 762-1010	
110012 (/	EMAIL To:	
SIGNATUREDATE	claims@pmc-logistics.com	