



REQUEST FOR CLAIM PAYMENT

Include the lesser of your **actual** cost of the merchandise, **replacement** cost or **repair** cost if repairable. Specify which cost you are including. For reference, this claim is identified by **Claim Number 52912010**, and **Shipper Number 5A282E**.

SHIPMENT TO: SHERYL SHEARER CROWN BUICK GMC 5237 34TH ST N SAINT PETERSBURG FL 33714		
Shipper Number.....	5A282E	Pickup Date.....11/20/23
Number of Parcels.....	1	
Tracking Identification Number...	1Z5A282E0397921926	
Merchandise.....	Box Empty/No Invoice	
Could this merchandise be replaced for your customer? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If damaged, is the merchandise repairable? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If damaged, UPS may issue a Recovery Call Tag to take possession of the merchandise.		
Quantity	Merchandise Description	Specify Dollar Amount and Indicate Whether Actual, Replacement or Repair Cost
108	Laminated Labor Law Posters	\$3/Each Replacement
Total Amount Requested:		\$324.00
Please provide a contact name and telephone number in the event further communication is necessary.		
CONTACT NAME: Michael Bishop		PHONE: 517-321-4144 x355
Please provide any additional Tracking Number(s) for the above shipment:		
Tracking Number(s): 1Z5A282E0390203929		

Claim documentation is no longer accepted via mail or fax.
Please upload your documentation using the links provided on page 1 to access Claims on ups.com.

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