Reads Moving Systems

STATEMENT OF CLAIM

LOADING DATE	DELIVERY DATE	ORIGIN ADDRESS	NAME - ADDRESS OF MOVING COMPANY
			READS MOVING SYSTEMS 1072 Drop Off Drive Summerville, SC 29483
TYPE (Circle One)		DESTINATION ADDRESS	
COD CORP GOVT MILTRY			REGISTRATION #

NAME

ADDRESS

SEE BACK OF YOUR COPY FOR INSTRUCTIONS
PLEASE COMPLETE SECTION BELOW - TYPE, OR PRINT WITH BALL PEN ON HARD SURFACE

Inventory Item #	ARTICLE Describe in Detail	NATURE OF CLAIM If Damage, Describe Extent	Approx. Weight	Purchased Mo - Yr	COST	AMOUNT CLAIMED	FOR ADJUSTER'S USE ONLY

It is understood that losses from an interstate shipment may be reported to the F.B.I. which has investigative jurisdiction under Federal Laws regarding interstate or Foreign Commerce.

I am the owner of the property described. I did not cause or contribute to the damage set forth herein. All statements made in this statement of claim and attached documents are true and correct to the best of my knowledge and belief, and constitute my complete and entire claim. No material information has been withheld.

TOTAL

The actual cash value of my shipment was $ _____

_____
ADJUSTER'S SIGNATURE

_____
HOME PHONE NO.

_____
DATE

_____
CUSTOMER'S SIGNATURE

_____
DATE

_____
BUSINESS PHONE NO.