
OBSOLESCENCE CLAIM FORM

Supplier Name _____ Date of Claim _____

fischer Part Number _____ Description _____
(Submit only one part per form)

High point fab. accum released _____ Release # and date _____

High point raw accum released _____ Release # and date _____

Accum shipped to date _____ Last shipment qty. _____ Date _____

(Provide copy of high point and final releases. Provide copy of minimum run authorization if applicable)

Finished parts claimed _____ Unit price _____ Extended value _____

Work in process claimed _____ Unit price _____ Extended value _____

Raw material claimed _____ Unit price _____ Extended value _____

Raw material yield (How many finished units per pound, etc.) _____ per _____

Raw material type and specification _____

Supplier's raw material cost per unit (attach supporting invoice) _____

Where is the material located? _____

Are there alternate usage or sales opportunities for the finished goods? _____

Are there alternate usage or sales opportunities for the raw material ? _____

Scrap value of work in process _____

Scrap value of raw material _____

Total scrap value _____ (subtract from claim value)

Net Claim Value _____

I certify that the detail provided above is an accurate accounting of the status and value of the part listed.

Signed _____ Title _____ Date _____