

**Toledo Molding & Die, LLC
Obsolescence Claim Form**

Supplier: Please complete this form if you've received a Final Release from TMD and have a part termination claim as a result. Submit the completed form to your Plant Analyst. Email is recommended if you wish to retain a record of your submission. Please read "Filing Rules" in sheet 2. Shaded areas are TMD use only. Attach additional sheets if required.

Supplier Data:		Claim Data:	
Name and code:		Submission date:	
Address:		Final Release number used as basis for claim:	
Ship-from address if different:		If you supply this part or any components under another Purchase Order, please identify the PO Number/s:	
Contact name:			
Phone number:	Fax:	TMD Plant Code:	
Email address:		TMD Analyst (Print or Type):	
Signature/title of representative:		Analyst's Signature:	Date:

FINISHED MATERIAL AND PURCHASED PARTS (END ASSEMBLIES, SUB-ASSEMBLIES OR COMPONENT PARTS) CLAIM DETAIL

TMD Part Number	Part Description	Material Location (City, State)	Physical Inventory Quantity	Stock Condition	Unit Cost	Total Cost	Supplier's Recommended Disposal Method & Cost	Allowance

WORK IN PROCESS CLAIM DETAIL

TMD Part Number	Part Description	Material Location (City, State)	Physical Inventory Quantity	Stock Condition	Unit Cost	Total Cost	Supplier's Recommended Disposal Method & Cost	Allowance

RAW MATERIAL CLAIM DETAIL

TMD Part Number	Part Description	Material Location (City, State)	Physical Inventory Quantity	Stock Condition	Unit Cost	Total Cost	Supplier's Recommended Disposal Method & Cost	Allowance

TMD USE ONLY

Highest release FAB cum:	Termination File Number:	Total Termination Claim: \$
Highest release RAW cum :	ECR # :	Less Disposal Allowance: \$
Cum shipped:	Type of Change:	Net Termination Claim: \$
Potential Obligation:	Model Year:	Stock Disposition Code:
Finish Assy Claim:	Comments:	
Remaining Obligation:		