

OBSOLESCENCE CLAIM
SPREADSHEET ANALYSIS

Supplier Name:
Supplier Location:
Supplier Contact Name:
Contact Telephone Number:
Contact Fax Number:
Contact E-mail Address:
Ship From DUNS Number:
Remit DUNS Number:
Date of Submission:
Business Justification:

Claim Number (For GM use):

Submit Claim to Email Address: obsolete.material.claims@gm.com

Enter the contracted, scheduled, finished GM Part # associated with the material you wish to claim. (One part # per line.) NOTE: You must be the Tier 1 Supplier.	Enter a 'D' if you have a directed buy to claim for the listed finished part number.	Enter the directed buy part number if you have a directed buy to claim. (One part # per line.) NOTE: You must be the Tier 1 Supplier.	Enter the directed buy usage quantity if you have a directed buy to claim.	If you assemble this part, enter your final assembly region, otherwise enter your manufacturing region	Manufacturing DUNS	Enter the current contracted piece price for the finished part number (Per contracted currency code)	Enter the current contracted currency	Supplier Requested Claim Amount	Manufacturing/ Transit/ Buffer (For GM use)	Quantity allowed (For GM use)	Value allowed (For GM use)	Comments (For GM use)
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Audit Staff Comments:

Claim form may only be submitted for a single Ship From DUNS location. If you need to submit claims for multiple Ship From DUNS locations, each location must be submitted on their own claim form.

Copies of any previously approved Material Leadtime Exception Forms must be submitted with claim when applicable.

Any directed buy parts being claimed must have the authorizing directed buy letter submitted with the claim.

DO NOT ALTER CLAIM FORM TEMPLATE: You are allowed to add additional rows as required. No other changes to the claim form template are allowed.

