CLAIM FORM

CLAIM#
Department Use.

The undersigned,
Name: _____ of Address _____ City _____

State & Zip Code _____ Phone _____

1. Makes this claim to the Director, Department of Agriculture, State of Illinois, against _____ for grain deposited and/or sold by the undersigned.

2. Has attached to, and made a part of this claim, copies of scale tickets, settlement sheets, Price Later contracts, original copies of warehouse receipts, and other documents indicating storage and/or sale of grain for which payment has not been made.

3. A. _____ (yes/no) Said grain on this claim is not under lien **OR** B. _____ (yes/no) Said grain on this claim is under lien with the following _____
Name of Lienholder

WHS = Grain Warehouse Claim GD = Grain Dealer Claim

PRO RATA OFFSET

Pre Determination Work Sheet
No Code = 100% 1=85% CLAIM 2= 0% CLAIM

Claim Category	Reference # Price later # W/R # Settlement Sheet #	Date of Delivery and/or Date of Purchase	Type of Grain	Grade of Grain	Bushels	Gross Price	Basis	Quality Discount	Net Price	Gross $	Check Off	Advance	Net Claim Amount		CODE	**NET AMOUNT WAREHOUSE CLAIM**	**NET AMOUNT GRAIN DEALER CLAIM**	**NET 85% GD CLAIM**	**Claim**

NET WAREHOUSE CLAIM: _____

NET GRAIN DEALER CLAIM: _____

TOTAL NET CLAIM _____

Please mail to: **ILLINOIS DEPARTMENT OF AGRICULTURE**
BUREAU OF WAREHOUSES
STATE FAIRGROUNDS
P.O. BOX 19281
SPRINGFIELD, ILLINOIS 62794-9281

Phone: **1-800-654-0882**

OFFICE CODE	
Pre Determination Calulation	
NET 100% WHS. CLAIM	
NET 100% GD CLAIM	
NET 85% GD CLAIM	
TOTAL CLAIM	

"Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters, the undersigned certifies as aforesaid that he/she verily believes the same to be true."

_____ Signature and Title of Claimant

_____ DATE

_____ DATE CLAIM RECEIVED

_____ DEPARTMENT REPRESENTATIVE

(Revised 08-01)