U.S. DEPARTMENT OF HOMELAND SECURITY		AND ON CAR		1. DATE						
U.S. COAST GUARD CG-4111 (Rev. 6-04)	(Submit a	an original and th See CLAIMS MA	ree copies typed NUAL Enclosu							
TO: (Name & address of Carrier/Contractor)		3. GOVERNMENT B								
		4. CARRIER BILL C	F	BAGGAGE CHECK	NO.	MAC FLIGHT NO.				
		LADING NO.								
5. TO: (Name & address of Warehouse if shipped from nontemporary storage)		6. FROM	SHIPMENT IN NONTEMPORAR			/ STORAGE				
		O. TROM			/. 10					
	8. LOT NO. 9. SER				DER NO.					
10. CLAIM IS PRESENTED FOR (Check a	ppropriate box)	<u> </u>				11. AMOUNT OF CLAIM	—			
LOSS DAMAG	E IN CONNECTION WITH THE FOI	LOWING SHIPMENT	OF:							
HOUSEHOLD GOODS	BAGGAGE	OTHER: (Specify,				-				
12. ORIGIN TRANSPORTATION OFFICE		13. SHIPMENT LOA	DED			14. DATE				
15. DESTINATION TRANSPORTATION O	FFICE	16. SHIPMENT DEL	IVERED			17. DATE				
18. A DESCRIPTION OF THE ITEMS LOS	T OR DAMAGED IS ON PAGE 2					19. NET WEIGHT OF SHIPMENT				
AND ON	ADDITIONAL PAGE(S).									
20. REMARKS							_			
21. SEND REPLY TO: (Office monitoring r	my claim)		22. CLAIMANT (Nan	ne, grade and signatu	ıre)					
			<b>i</b>							

23. DEMAND												
a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	I.	m.
INVENTORY NUMBER	DESCRIPTION OF ITEM	NATURE AND EXTENT OF DAMAGE OR LOSS	EXCEPTIONS NOTED	DATE OF PURCHASE AND PURCHASE PRICE	REPLACEMENT COST OR COST OF REPAIR	APPROXIMATE WEIGHT	CARRIER/ CONTRACTOR LIABILITY	CARRIER/ CONTRACTOR RECOVERY	DEPRECIATION PERCENTAGE	COAST GUARD LIABILITY	RECOMMENDED ALLOWANCE	SETTLEMENT
CHECK IF BLOCK 23. IS CONTINUED AND ENTER SUB-TOTALS CHECK IF BLOCK 23. IS NOT CONTINUED AND ENTER TOTALS												
REMARKS												