

SERIAL CLAIM

(Please forward this form to **Serial Claim Clerk, 12 Main Library**)

WE HAVE NOT RECEIVED THE FOLLOWING:

<u>CALL NO.</u>	<u>TITLE</u>	<u>ISSUES</u>
<u>RECEIVED BY (circle one)</u>	PURCHASE	GIFT EXCHANGE

If purchase CAT AS SEP, please supply purchase order number _____

<u>CLAIM # (circle one)</u>	FIRST	SECOND	THIRD
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<u>LOCATION:</u>	<u>INITIALS:</u>	<u>DATE:</u>
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REMARKS FROM ACQUISITIONS:

- [] Claimed. Date _____
- [] Our records indicate receipt. Date _____
- [] Received direct. Please claim directly with vendor.
- [] Too soon to claim. Claim after _____
- [] Claimed too late. Publisher time limit on claims _____
- [] Other _____