

**CLAIMS
 SETTLEMENT
 REMITTANCE ADVICE
 FOR UPS CUSTOMER**

0119442 01 RE 0.561 **AUTO T9 0 6014 31407-928650 -P19461 C07



E & E CO LTD / KOHLS
 550 NORTHPORT PKWY
 PORT WENTWORTH GA 31407-9286

SHIPPER #: 8EE026
 DATE: 01/19/24
 PAGE 1 OF 1

SHIPPER INVOICE NO.	SHIPPER REFERENCE NO.	SHIPMENT DATE	PACKAGE TRACKING NO.	UPS CLAIM NO.	BILLED AMOUNT	PAYMENT AMOUNT	PMT. CODE
6542088025		12/27/23	1Z8EE0260397947552	5254371301A	108.20	108.20	
TOTALS					108.20	108.20	



1. Claim reimbursement adjusted to include UPS Shipping Charges.
2. Claim reimbursement adjusted to reflect the appropriate UPS Shipping Charges.
3. Claim reimbursement adjusted to reflect the value declared at time of shipment.
4. Claim reimbursement adjusted to reflect your actual cost, replacement cost, or the purchase price paid by the consignee.
5. Claim reimbursement adjusted to reflect the cost to repair damaged merchandise.

INCLUDES UPS PAYMENT AND ANY INSURANCE PAYMENT FOR EXCESS VALUE INSURANCE.
 DETACH AND RETAIN THIS PORTION FOR YOUR RECORDS

CHECK # 0001051232 ATTACHED

UPS/UPS CAPITAL INSURANCE AGENCY
 PO BOX 1977
 Scranton PA 18501

**UPS
 CLAIMS
 SETTLEMENT**

62-20
 311

No. 0001051232

01/19/24

PAY TO THE ORDER OF
 E & E CO LTD / KOHLS
 550 NORTHPORT PKWY
 PORT WENTWORTH GA 31407-9286

\$\$\$\$\$\$\$\$\$\$\$\$\$108.20

Void within Six months of Issuance Date

AUTHORIZED SIGNATURE/SIGNATURE AUTORISÉE

One Hundred Eight and 20/100 Dollars

CITIBANK, N.A.
 ONE PENN'S WAY, NEW CASTLE, DE 19720

0745

⑈0001051232⑈ ⑆031100209⑆ 38836743⑈

UPS/UPS CAPITAL INSURANCE AGENCY
PO BOX 1977
Scranton PA 18501

**CLAIMS
SETTLEMENT
REMITTANCE ADVICE
FOR UPS CUSTOMER**

0109377 01 RE 0.571 **AUTO TO 0 6015 31407-928650 -P09386 C07



E & E CO LTD / KOHLS
550 NORTHPORT PKWY
PORT WENTWORTH GA 31407-9286

SHIPPER #: 8EE026
DATE: 01/22/24
PAGE 1 OF 1



SHIPPER INVOICE NO.	SHIPPER REFERENCE NO.	SHIPMENT DATE	PACKAGE TRACKING NO.	UPS CLAIM NO.	BILLED AMOUNT	PAYMENT AMOUNT	PMT. CODE
28213	28213	12/04/23	1Z8EE0260394809297	5276478101A	87.99	95.75	02
TOTALS					87.99	95.75	



1. Claim reimbursement adjusted to include UPS Shipping Charges.
2. Claim reimbursement adjusted to reflect the appropriate UPS Shipping Charges.
3. Claim reimbursement adjusted to reflect the value declared at time of shipment.
4. Claim reimbursement adjusted to reflect your actual cost, replacement cost, or the purchase price paid by the consignee.
5. Claim reimbursement adjusted to reflect the cost to repair damaged merchandise.

INCLUDES UPS PAYMENT AND ANY INSURANCE PAYMENT FOR EXCESS VALUE INSURANCE.
DETACH AND RETAIN THIS PORTION FOR YOUR RECORDS

CHECK # 0001053735 ATTACHED

UPS/UPS CAPITAL INSURANCE AGENCY
PO BOX 1977
Scranton PA 18501

**UPS
CLAIMS
SETTLEMENT**

62-20
311

No. 0001053735

01/22/24

PAY TO THE ORDER OF
**E & E CO LTD / KOHLS
550 NORTHPORT PKWY
PORT WENTWORTH GA 31407-9286**

\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$95.75

Void within Six months of Issuance Date

AUTHORIZED SIGNATURE/SIGNATURE AUTORISÉE

Ninety-five and 75/100 Dollars

CITIBANK, N.A.
ONE PENN'S WAY, NEW CASTLE, DE 19720

0745

⑈0001053735⑈ ⑆031100209⑆

38836743⑈

UPS/UPS CAPITAL INSURANCE AGENCY
PO BOX 1977
Scranton PA 18501

**CLAIMS
SETTLEMENT
REMITTANCE ADVICE
FOR UPS CUSTOMER**

0111522 01 RE 0.561 **AUTO T7 0 6244 31407-926511 -P11533 C07



E & E CO LTD / KOHLS
311 INTERNATIONAL TRADE PKWY
PORT WENTWORTH GA 31407-9265

SHIPPER #: 8EE042
DATE: 12/19/23
PAGE 1 OF 1



SHIPPER INVOICE NO.	SHIPPER REFERENCE NO.	SHIPMENT DATE	PACKAGE TRACKING NO.	UPS CLAIM NO.	BILLED AMOUNT	PAYMENT AMOUNT	PMT. CODE
6515507516		11/01/23	1Z8EE0420318192888	5138895301A	138.94	138.94	
				TOTALS	138.94	138.94	



1. Claim reimbursement adjusted to include UPS Shipping Charges.
2. Claim reimbursement adjusted to reflect the appropriate UPS Shipping Charges.
3. Claim reimbursement adjusted to reflect the value declared at time of shipment.
4. Claim reimbursement adjusted to reflect your actual cost, replacement cost, or the purchase price paid by the consignee.
5. Claim reimbursement adjusted to reflect the cost to repair damaged merchandise.

INCLUDES UPS PAYMENT AND ANY INSURANCE PAYMENT FOR EXCESS VALUE INSURANCE.

DETACH AND RETAIN THIS PORTION FOR YOUR RECORDS

CHECK # 0000988184 ATTACHED

UPS/UPS CAPITAL INSURANCE AGENCY
PO BOX 1977
Scranton PA 18501

**UPS
CLAIMS
SETTLEMENT**

62-20
311

No. 0000988184

12/19/23

PAY TO THE ORDER OF
**E & E CO LTD / KOHLS
311 INTERNATIONAL TRADE PKWY
PORT WENTWORTH GA 31407-9265**

\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$138.94

Void within Six months of Issuance Date

AUTHORIZED SIGNATURE/SIGNATURE AUTORISÉE

One Hundred Thirty-eight and 94/100 Dollars

CITIBANK, N.A.
ONE PENN'S WAY, NEW CASTLE, DE 19720

0745

⑈0000988184⑈ ⑆031100209⑆ 38836743⑈