**SAMPLE LETTER TO BE PLACED ON CREDITOR’S LETTERHEAD**

***Business Credit Management ASSOCIATION***

***Wisconsin Headquarters, (WCA)***

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[www.wcacredit.org](http://www.wcacredit.org), [www.creditsociety.org](http://www.creditsociety.org)

**(Send within 20 days from the date of bankruptcy petition)**

Date:

Debtor(s):

Attention:

Address:

City, State, Zip:

Re: Notice of filing for administrative expense claim by Creditor

To whom it may concern:

Notice is hereby filed upon you pursuant to the Uniform Commercial Code and 11 USC §

503(b)(9) of the United States Bankruptcy Code of our right to be paid based on our notice to you of an administrative claim consisting of shipments and deliveries received by you the debtor, during the applicable periods referred to in the above-cited section (20 days) prior to the filing of your bankruptcy petition. The receipt of goods and value associated with our administrative claim is/are described in the Schedule enclosed herewith.

Please list, record and or otherwise document our administrative claim on appropriate schedules as may be filed with the bankruptcy court. This administrative expense claim (effective with the 2006 Bankruptcy Reform Act) is to be paid to our company as soon as practical and or as authorized or approved by the bankruptcy court. If debtor disputes any values or amounts listed as claimed administrative expenses, contact the undersigned and advise us immediately.

In light of your recent bankruptcy filing, you are further notified that all goods subject to our right of reclamation if applicable, should be protected and segregated by you and are not to be used for any purpose whatsoever except those specifically authorized following a notice and hearing by the Bankruptcy Court.

Very truly yours,

By: (Your Name)

Your Company Name:

(**Example of Schedule/Exhibit to be prepared to support your administrative expense claim)**

# SCHEDULE

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| --- | --- | --- | --- | --- |
| VENDOR | INVOICE # | INVOICE DATE | DATE SIGNED FOR | AMOUNT |
|  |  |  |  |  |
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