

Date: _____

Claimant's Name: _____

Address of Claimant: _____

Name of Carrier: _____

Address of Carrier: _____

This claim for \$ _____ (_____
_____ & ___/100 dollars) is made against the carrier
named above by _____, Claimant, for overcharge
in connection with the following shipment(s):

Description of Shipment: _____

Name and address of Shipper: _____

Shipped from _____ to _____

Final Destination: _____ Routed Via _____

Bill of lading issued by _____ (Company) on

the _____ day of _____, 19___,

Paid freight bill No. _____ Truck No. _____

and initials _____,

Name and Address of recipient _____.

Nature of Overcharge: _____

DETAILED STATEMENT SHOWING HOW AMOUNT CLAIMED IS DETERMINED

Number of packages _____, articles
_____, weight _____, rate _____, charges
_____, amount of overcharge _____ Dollars.

Authority for rate or classification

claimed: _____

In addition to the information given above, the following documents are submitted in support of this claim:

(_____) 1. Original Bill of lading, if not previously surrendered by carrier.

(_____) 2. Original Paid freight ("expense") bill.

(_____) 3. Original Invoice or Certified Copy

(_____) 4. Weight Certificate or certified statement when claim is based on misrouting or valuation.

(_____) 5. Other Particulars obtainable in proof of loss or damage claimed: _____.

Remarks: _____

The above statement of facts is hereby certified as correct.

Dated: _____.

CLAIMANT