

STANDARD FORM FOR PRESENTATION OF OVERCHARGE CLAIM

CLAIMANT INFORMATION

Claimant's Number: _____

Name _____ Date _____
 Street _____
 City _____ State _____ Zip _____

CARRIER INFORMATION

Carrier's Number: _____

Name _____ Date _____
 Street _____
 City _____ State _____ Zip _____

This claim for \$ _____ is made against the carrier named above by above named Claimant for overcharge in connection with the following described shipment:

SHIPPER (CONSIGNOR) INFORMATION

Shipper's Number: _____

Name _____ Date _____
 Street _____
 City _____ State _____ Zip _____

CONSIGNEE INFORMATION

Consignee's Number: _____

Name _____ Date _____
 Street _____
 City _____ State _____ Zip _____

Bill of Lading issued by: _____ Date of Bill of Lading _____

Paid Freight Bill (Pro) Number: _____

Nature of Overcharge: (weight, rate, classification, tariff authority, etc.) _____

DETAILED STATEMENT OF CLAIM

Note. – If claim covers more than one item taking different rates and classification, attach separate statement showing how overcharge is determined and insert totals in the space below.

	# of Pkgs.	Articles	Weight	Rate	Charges	
Charges paid:						
			Total			
Should have paid:						
			Total			
						\$

IN ADDITION, THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM

- Original paid freight ("expense") bill.
- Original invoice, or certified copy, for claims based on weight or valuation, or when shipment has been improperly described.
- Original bill of lading, if not previously surrendered to carrier, when shipment was prepaid, or when claim is based on misrouting or valuation.
- Weight certificate or certified statement when claim is based on weight.
- Other particulars in support of this Overcharge Claim:

ADDITIONAL REMARKS:

The foregoing statement of facts is hereby certified to be correct and true.

(Signature of Claimant)