

**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	
<b>Charges paid:</b>						
			Total			
<b>Should have paid:</b>						
			Total			
						<b>Total amount of overcharge</b>
						\$

**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)