

STANDARD FORM FOR PRESENTATION OF OVERCHARGE CLAIM

SAMPLE

OVERCHARGE CLAIM FORM

Payable To: _____
 (CLAIMANT) _____

Your Claim Reference: _____

Claim Amount: \$ _____

Mail To:

BOND OF INDEMNITY: The undersigned guarantees to protect any carrier having an interest against any and all loss, costs, and expenses including attorney fees, which may result to carrier from payment of this claim by reason of our failure to support same with original paid freight bill.

SIGNATURE: _____

FOLD HERE

ATTACH EITHER AN ORIGINAL PAID FREIGHT BILL AT THE LEFT MARGIN OR A COPY OF THE FREIGHT BILL AND SIGN THE BOND OF INDEMNITY PRINTED ABOVE.

Attach all documentation to the back of claim form.

STAPLE HERE

Changes in the weight or description require supporting documentation. The following are acceptable:

- *1. Original Bill of Lading or copy thereof.
- 2. Vendor invoice, or certified copy, when claim is based on weight or valuation of shipment that has been improperly described.
- 3. Catalog pages or product information.
- 4. Original packing slip or receiving reports.

*Or copy of electronic bill of lading manifest.

FOLD HERE

Basis for overcharge claim or tariff authority:

CHARGES SHOULD BE:

Weight	Rate	Extension

SIGNATURE: _____

DATE: _____

OVERCHARGE AMOUNT: \$ _____