

STANDARD FORM FOR PRESENTATION OF OVERCHARGE CLAIMS

Overcharge claims must be filed within 180 days of pickup. Claims may be filed using this form or by letter. Claims will be acknowledged within 30 days of receipt. Please include pro numbers in all correspondence.

		Carrier Claim Number	
Claimant's Name (Please Print)		Current Date	
Claimant's Address		City, State, Zip	
Reference or Claim Number	Claim Amount \$	Claimant's Telephone Number	Claimant's Fax Number

NATURE OF OVERCHARGE

Check One:

- | | |
|---|---|
| <input type="checkbox"/> Rate | <input type="checkbox"/> Weight ¹ |
| <input type="checkbox"/> Description ¹ | <input type="checkbox"/> Classification |
| <input type="checkbox"/> Overpayment | <input type="checkbox"/> Payment in Error |
| <input type="checkbox"/> Duplicate Payment ² | <input type="checkbox"/> Discount Application |
| <input type="checkbox"/> Other (specify): | |

FREIGHT BILL NUMBER(S) SUBJECT TO

Attach a copy of each bill listed:

_____	_____
_____	_____
_____	_____
_____	_____

¹Shipper - Attach original and corrected bills of lading or original paid freight bill. Consignee - Attach certified weight ticket, corrected bill of lading (from the shipper), or original paid freight bill. ²Shipper or consignee - Attach original freight bill and photo-copies of cancelled drafts or checks.

Tariff Authority _____ Discount Item Nbr. _____

* All Class and Weight disputed claims must be supported with the shipper's bill of lading for each shipment claimed. Brochures and "sample" bills of lading will not be accepted.
 * All claims must be itemized per shipment/pro. The itemized amounts must balance with the total amount claimed.
 * Please make copies of your claim documents prior to filing as the original documents will no longer be returned with the claim disposition information.

DETAILED STATEMENT OF CLAIM - Please be as specific as possible. State full tariff authority, including discount information.

Preparer's Name	Preparer's Telephone Number
Preparer's Fax Number	Preparer's Email Address

