

Standard Claim Form

ProBill Number

PO #

Bill of Lading Number

First Name MI Last Name

Company

Street Address

City State Zip Code

Phone Number Fax No.

Type of Loss Short Damaged Other

Description Pieces Value Excluding Tax Currency

Documents Attached:

- Detailed Claim Statement
- Copy of Supplier's Invoice
- Repair Bill
- Delivery Receipt or Shed Check
- Inspection Report (If Any) or Waiver #
- Outturn Report (Original Sent)

Special Remarks or Recommendations