

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	# of Pieces	Value each	Value Excluding Tax	Currency

Documents Attached:

Total:

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