WARD TRUCKING
P O Box 1553
Altoona, PA 16603-1553
814-944-0803 FAX 814-944-2369

TO: WARD TRUCKING CORP
TODAY'S DATE: _____

WARD PRO# _____
FREIGHT BILL DATE: _____
CLAIMANT'S REF. # _____

This claim for $ _____ is made against Ward in connection with the following described shipment: shortage _____ damage _____

Shipper:
Name: _____
Address: _____
_____
Phone: _____

Consignee:
Name: _____
Address: _____
_____
Phone: _____

Detailed Statement Showing How Amount Claimed Was Determined

(Number and description of articles, nature and extent of shortage or damage, invoice price of articles, amount of claim, etc. All discount and allowances must be shown. Use an additional sheet as needed.)

Total Amount Claimed:	

The following documents are submitted in support of this claim:

_____ Originial Bill of Lading *
_____ Original paid freight bill or other carrier document bearing notation of shortage or damage if not shown on freight bill *
_____ Original invoice or certified copy as billed by seller *
Is merchandise repairable? Yes _____ No _____ Estimated cost to repair $ _____

Note: Please retain salvage until claim has been resolved.

THE FOREGOING STATEMENT OF FACTS IS HEREBY CERTIFIED AS CORRECT

Print

Reset Form

Your Company Name: _____
Address: _____
_____
Contact Person: _____
Email Address: _____
Phone: _____ Fax# _____

3-Dec