

PRESENTATION OF SHORTAGE OR DAMAGE CLAIM



This claim is for SHORTAGE
 DAMAGE

This claim is presented to Dohrn Transfer Company
 625 3rd Avenue
 Rock Island, IL 61201
 ph. 800-747-0723 fax 309-794-1693

CLAIMANT	Date Claim Filed	
Company Name	Claimant's Reference No.	
Address 1	Dohrn Freight Bill No.	
Address 2	<i>Please refer to this freight bill number on all correspondence.</i>	
City State Zip	Bill of Lading Date	
Phone	Weight of Shipment	

SHIPPER	CONSIGNEE
Company Name	Company Name
Address 1	Address 1
Address 2	Address 2
City State Zip	City State Zip

STATEMENT OF SHORTAGE OR DAMAGE

No. Pieces	Description of articles, including part no., model no., etc	Amount Claimed

Total amount claimed: _____ Claim is for: FULL VALUE REPAIR ALLOWANCE

Be sure to attach letter of explanation if there are special circumstances we should know about regarding your claim.

THE FOLLOWING DOCUMENTS MUST BE INCLUDED TO PROCESS YOUR CLAIM

For shortage claim, items 1 through 3 are REQUIRED. For damage claim, items 1 through 6 are REQUIRED.

1. Original vendor's invoice (proof of purchase cost) or photocopy showing all discounts. (Please include entire invoice.)
2. Legible copy of freight bill or original paid freight bill if available.
3. Original bill of lading or bond of indemnity in lieu thereof.
4. Carrier's inspection report, where copy has been provided.
5. Invoice for repair or reworking, showing breakdown of labor by hour and rate of pay, if available.
6. Invoice for materials purchased to complete repair or reworking, if applicable.

NOTE: In the case of non-delivery or shortage, it will speed conclusion if claim includes a signed statement from the consignee certifying the goods claimed short have never been received from any source and further, notification will be given to the carrier to whom this claim was presented in the event said goods are ever received in the future.

The claimant certifies the foregoing to be correct, and agrees to indemnify the carrier against loss in the event the original Bill of Lading and / or original freight bill are not submitted.

SIGNATURE OF CLAIMANT _____

THE ABOVE FORM MUST BE ENTIRELY COMPLETED FOR CLAIM TO BE PROCESSED.

PRINT NAME _____