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

TO: WARD TRUCKING CORP **WARD PRO#** _____

TODAY'S DATE: _____ **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

Your Company Name: _____

Address: _____

_____

Contact Person: _____

Email Address: _____

Phone: _____ **Fax#** _____

3-Dec