

Customer Service(800) 858-9889 www.sbfs.com

(Name of person to whom claim is presented)			(Address of claimant)			(Claimant's Number) **	
(Name of Carrier)			(Date)			Carrier's Number	
(Address)							
This claim for \$is made against the carrier named above byfor Overcharge in connection(Name of Claimant)							
with the following described shipments:							
Description of shipment:							
Name and address of consignor (Shipper):							
Shipped from: To:							
Final Description:							
Bill of Lading issued by Routed via:							
Paid Freight Bill (Pro) Number:							
Name and address of consignee (Whom shopped to):							
If shipment re-consigned en route, state particulars:							
Nature of Overcharge:							
DETAILED STATEMENT OF CLAIM Note If claim covers more than one item taking different rates and classification, attach separate statement showing							
	No. of			e is determined	The state of the s	ate dateen enemig	
	Pkgs.	Articles	Weight	Rate	Charges	Amount of Overcharge	
Charges							
Paid		Total					
Should have been							
Authority for r	l ate or clas	Total sification claimed:					
IN ADDITION TO THE INFORMATION GIVEN ABOVE, THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM *							
1	Original Paid freight ("expense") bill.						
2	Original Invoice, or certified copy, when claims based on weight or valuation, or when shipment has been improperly described.						
3	Original bill of lading, if not previously surrendered to carrier, when shipment was prepaid, or when claim is based on misrouting or valuation.						
4	Weight certificate or certified statement when claim is based on weight.						
5	Other particulars obtainable in proof of Overcharge claimed. +						
Remarks							
NOTES:	The foregoing statement of facts is hereby certified to as correct.						
NOTES: ** Claimant should assign to each claim a number, inserting same in the space provided at the upper right hand corner of this form. Reference should be made thereto in all correspondence pertaining to this claim. * Claimant will please place check (x) before such of the documents mentioned as have been attached, and explain under "Remarks" the absence of any of the documents called for in connection with this claim. When for any reason it is impossible for claimant to produce original bill of lading, if required, or paid freight bill, claimant should indemnify carrier or carriers against duplicate claim supported by original documents. + Claims for overcharge on shipments of lumber should also be supported by a statement of the number of feet dimensions, kind of lumber, and length of time on sticks before being shipped.							
	Ū	ased on rates quoted in letters from tra	ffic officials	should be support	ted by the original	or copies of such letters.	