



Click in document to complete form.

COVER SHEET

TO: Claims Department			FROM:		
COMPANY: Reddaway			DATE:		
PHONE NUMBER: 509-532-7316			TOTAL PAGES INCLUDING COVER:		
EMAIL: Reddaway-OVC@usfc.com			CARRIER REFERENCE NUMBER:		
			YOUR REFERENCE NUMBER:		
ADDRESS: PO BOX 1035			ADDRESS:		
CITY: CLACKAMAS	STATE: OR	ZIP: 97015	CITY:	STATE:	ZIP:

<input type="checkbox"/>	URGENT	<input type="checkbox"/>	FOR REVIEW	<input type="checkbox"/>	PLEASE COMMENT	<input type="checkbox"/>	PLEASE REPLY
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NOTES/COMMENTS:

<b>Reddaway</b> PH: 509-532-7316 PO BOX 1035 Clackamas OR 97015 Reddaway-OVC@usfc.com	<b>Claims Department</b>	<b>PRESENTATION OF OVERCHARGE CLAIMS</b>
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Click in document to complete form.

Claimant Name:	Date:
Claimant Address:	*Claimant's Number
Carrier Name: <b>REDDAWAY</b>	Carrier's Number (for carrier use only):

THIS CLAIM FOR \$ \_\_\_\_\_ IS MADE FOR OVERCHARGE IN CONNECTION WITH THE FOLLOWING DESCRIBED SHIPMENTS:

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Name of Overcharge/Authority for (weight, rate, or class, etc):

**DETAILED STATEMENT OF CLAIM**

Note: If claim covers more than one item taking different rates and classifications, attach separate statement, showing how overcharge is determined and insert totals in space below.

PRO NUMBER	DATE mm/dd/yyyy	AMOUNT PAID	CORRECT AMOUNT	OVERCHARGED (CLAIMED) AMOUNT
<b>TOTAL</b>				

Remarks:


IN ADDITION TO ABOVE, THE FOLLOWING DOCUMENTS ARE SUBMITTED IN SUPPORT OF THIS CLAIM\*\*:

<input type="checkbox"/>	Original paid freight bill	<input type="checkbox"/>	Weight certificate or certified statement when claim is based on weight.
<input type="checkbox"/>	Original invoice, or certified copy, when claim is based on weight or valuation, or when shipment has been improperly described.	<input type="checkbox"/>	Other particulars obtainable in proof of overcharge claimed.
<input type="checkbox"/>	Original bill of lading if not previously surrendered to carrier when shipment was prepaid or when claim is based on misrouting or valuation.		

BOND OF INDEMNITY: The undersigned guarantees to protect any carrier having an interest against any and all loss, costs and expenses, including attorney fees, which may result from payment of this claim by reason of our failure to support same with original paid freight bill.

The Foregoing statement of fact is hereby certified as correct. Signature: X \_\_\_\_\_

\* Please assign a claim number to this claim. Refer to this claim number in all future correspondence.

\*\* Place a check next to supporting documents that are attached. If a form is not attached, please explain in the "Remarks" section. If you cannot produce an original bill of lading or a paid freight bill, carrier is indemnified against any duplicate claims supported by the original documents.