

# Intermountain Express

## \*\*\* CLAIM FORM \*\*\*

(name of person to whom claim is presented)		(address of claimant)	
(name of carrier)		(date)	
		(E-mail address)	
Description of shipment:			
<b>NAME OF SHIPPER:</b>			
Shipped from:		Shipped to:	
Salesperson:		Original Invoice #	
<b>DETAILED STATEMENT SHOWING HOW THE AMOUNT OF THE CLAIM IS DETERMINED</b> <small>(number and description of articles, nature and extent of loss or damage, invoice price of articles, amount of claim, etc.)</small>			
<b>Part #</b>	<b>Description</b>	<b>Amount Claimed</b>	
<b>Total Amount Claimed:</b>			
IN ADDITION TO THE INFORMATION GIVEN ABOVE, THE FOLLOWING DOCUMENTS ARE SUBMITTED IN PROOF OF THIS CLAIM*			
<input checked="" type="checkbox"/> 1. Original invoice or certified Copy <input checked="" type="checkbox"/> 2. Invoice billing carrier			
Remarks and Description From Claimant:			
The foregoing statement of facts is hereby certified as correct:			
			(signature of claimant)
<b>FOR OFFICE USE ONLY</b>			
Reason:		<input type="checkbox"/> CLAIM DENIED <input type="checkbox"/> CLAIM APPROVED	
		(Authorized Signature)	