

THE EXPEDITING CO., INC.
1295 S BROWN SCHOOL RD.
VANDALIA, OHIO, 45377
ATTN: CLAIMS DEPT.

PRESENTATION FOR LOSS OR DAMAGE CLAIM

CLAIMANT CO. NAME: _____
ADDRESS: _____
CITY/ STATE: _____ ZIP: _____
CONTACT NAME: _____
PHONE NUMBER: (____) _____
CLAIMANTS REFERENCE NUMBER: _____

Claim is for: ____ LOSS ____ DAMAGE

SHIPPER: _____ CONSIGNEE: _____
ADDRESS: _____ ADDRESS: _____
CITY/STATE: _____ CITY/STATE _____
ZIP: _____ ZIP: _____

CARRIERS FREIGHT BILL # _____ FREIGHT BILL DATE: _____

PIECES: _____ WEIGHT: _____ COMMODITY: _____
DESCRIBE CLAIM: _____

CLAIM AMOUNT:\$ _____

PLEASE ATTACH THE FOLLOWING DOCUMENTS:

- a) COPY OF DELIVERY RECEIPT
- b) VENDOR'S INVOICE
- c) INVOICE COVERING REPAIRS AND/OR PARTS REPLACED
- d) INSPECTION REPORT IF APPLICABLE

ALL FREIGHT CLAIMS WILL BE SUBJECT TO THE TERMS AND CONDITIONS OF
TARIFF#TECI 2007, ITEM D.