



# The Expediting Co., Inc.

1295 S. Brown School Road ~ Vandalia, Ohio 45377

(800) 890-1573 ~ Fax (937) 890-7522

**ATTN: CLAIMS DEPARTMENT**

## 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 Checklist has been provided)	
<input type="checkbox"/>	A) Copy of Delivery Receipt
<input type="checkbox"/>	B) Vendor's Invoice
<input type="checkbox"/>	C) Invoice Covering Repairs and / or Parts Replaced
<input type="checkbox"/>	D) Inspection Report if Applicable

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