

PRESENTATION OF SHORTAGE OR DAMAGE CLAIM

This claim for: Shortage is presented to:
 Damage

Broker Name Complete Distribution Services, Inc.
Address P.O. Box 230517
City, ST, Zip Portland, OR 97281

Carrier Name
Address
City, ST, Zip

Date Filed

CLAIMANT'S REFERENCE NUMBER

PLEASE REFER TO THESE NUMBERS IN ALL CORRESPONDENCE			WT. OF SHPT.
Carrier Reference #:	Transportation Broker Reference #:	B/L Date	

Claimant (Company Name)	Shipper	Consignee
Address	Address	Address
City, ST, Zip	City, ST, Zip	City, ST, Zip
Phone Number ()	Phone Number ()	Phone Number ()

STATEMENT OF SHORTAGE OR DAMAGE		Full Value	Repair	Allowance	Attach letter of explanation if there are special circumstances we should know about.
NO. OF PCS.	DESCRIPTION OF ARTICLES, INCLUDING MODEL NO., ETC.				\$ AMOUNT CLAIMED
TOTAL AMOUNT CLAIMED:					\$

**IMPORTANT NOTE TO OUR CUSTOMERS:
 THE FOLLOWING DOCUMENTS MUST BE INCLUDED TO PROCESS YOUR CLAIM**

SHORTAGE CLAIMS include items 1 through 3 - DAMAGE CLAIMS include items 1 through 6

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| 1. Original vendor's invoice (proof of purchase cost) or photocopy showing all discounts. | 4. Carrier's inspection report, where copy has been provided. |
| 2. Legible copy of freight bill or original paid freight bill if available. | 5. Invoice for repair or reconditioning, showing breakdown of labor by hour and rate of pay. |
| 3. Original bill of lading or bond of indemnity in lieu thereof. | 6. Invoice for materials purchased to complete repair of reconditioning, if applicable. |

Note: In case of nondelivery or shortage it will speed conclusion if claim includes a signed statement from the consignee certifying the goods claimed short have never been received from any source and further, notification will be given to the carrier to whom this claim was presented in the event said goods are ever received in the future.

The claimant certifies the foregoing to be correct, and agrees to indemnify the carrier against loss in the event the original Bill of Lading and/or original freight bill are not submitted.

 Signature of claimant