



## Claims Form

Date: \_\_\_\_\_

\_\_\_\_\_ Is Submitting an Invoice to  
Company Name

Bandstra Transportation for \_\_\_\_\_ on the following  
Damage/Shortage  
Shipment:

Pro. #: \_\_\_\_\_

BOL #: \_\_\_\_\_

Dated: \_\_\_\_\_

For the Amount of \$ \_\_\_\_\_.

### **ENCLOSED FIND REQUIRED DOCUMENTATION:**

- Copy of Bandstra ProBill
- Invoice from Suppliers Verifying Cost of Claimed Product
- Copy of Repair Costs and/or Invoice
- Inspection Report of Damaged or Missing Products
- Salvage Picked Up
- Invoice Billing Bandstra Transportation
- Evidence of Payment of the Freight Charges

Name: \_\_\_\_\_  
(Please Print Name)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **NOTE**

- **Claims are GST EXEMPT**
- **Maximum liability on claims is \$2.00 / lb unless Declared Value shown**

<b>BANDSTRA OFFICE USE ONLY</b>
Claim #: _____
Payment Amount: \$ _____
Authorized by: _____
Comments: _____
_____