



CLAIMS COVER SHEET PAGE 1 of _____

| | |
|--------------------------------|--------------------------|
| Date Submitted: _____ | Company Name: _____ |
| Type of Claim: Loss or Damaged | Company Location: _____ |
| Ship Date: _____ | Your Claim Number: _____ |
| Claim Amount: \$ _____ | Contact Name: _____ |
| Contact Phone: _____ | Contact Fax: _____ |
| Contact Email: _____ | Carrier Used: _____ |

Please include copies of the following:

- Bill of Lading
- Proof of Delivery (if claim is for damaged material)
- Copy of the Commercial Invoice
- Copy of the Credit Memo (if applicable)
- Pictures (if the freight is damaged)
- Copy of Freight Invoice
- Copy of Inspection Report (if applicable)

Please also include a brief description as to why a claim is being filed:

PLEASE RETURN VIA EMAIL TO claims@raytrans.com OR FAX TO 412-321-4343