

4545 Palisade Street WICHITA, KS 67217 316-522-5559 FAX: 316-462-5547 Please reference this number ACI Claim#

PRESENTATION OF SHORTAGE OR DAMAGE CLAIM						
This claim for:	Shortage	is presented to:	Carrier Nar	Carrier Name:		
	Damage		Terminal Address:			
	Loss/Theft		City, State, Zip:			
	Concealed		Reference#			
		٦				
Claimants Reference Number		_		Freight Bill #		
				Date		
Claimant				Weight		
Address				B/L#		
City, State		Zip				
Phone Number				Consignee		
				Address		
Shipper						
Address				City, State	Zip	
City, State		Zip				

## STATEMENT OF SHORTAGE OR DAMAGE

No. of Pcs.	Description of Articles, Including Model#, Etc.				
I	Total Claim Amount	\$			

## THE FOLLOWING DOCUMENTS MUST BE SUBMITTED IN SUPPORT OF CLAIM

1. Original Bill of Lading, or bond of indemnity in lieu thereof

2. Legible copy of freight bill or original paid freight bill if available

3. Original invoice (proof of purchase cost) or certified copy

4. Invoice for repairs, (where applicable) showing breakdown of labor and costs

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

Write any further remarks on back

Claimant Signature