# FREIGHT CLAIM

| CLAIMANT'S NAME | AWE CLAIM # |
|---|---|
| MAILING ADDRESS | PRO NUMBER |
| CITY STATE ZIP CODE | |
| TELEPHONE | EMAIL (PLEASE INCLUDE FOR CONTACT) |

TYPE OF CLAIM: ☐ SHORTAGE ☐ DAMAGE ☐ CONCEALED DAMAGE

SHOW BELOW DETAILED STATEMENT AS TO HOW CLAIMED AMOUNT IS DETERMINED

| PIECES | COMMODITIES (LOST OR DAMAGED) | COST PER UNIT | EXTENDED COST | WEIGHT | FREIGHT RATE | FREIGHT CLAIMED | = | COST + FREIGHT |
|---|---|---|---|---|---|---|---|---|
| | | | $ 0.00 | | | 0.00 | = | $ 0.00 |
| | | | $ 0.00 | | | 0.00 | = | $ 0.00 |
| | | | $ 0.00 | | | 0.00 | = | $ 0.00 |
| | | | $ 0.00 | | | 0.00 | = | $ 0.00 |
| | | | $ 0.00 | | | 0.00 | = | $ 0.00 |
| | | | $ 0.00 | | | 0.00 | = | $ 0.00 |
| | | | $ 0.00 | | | 0.00 | = | $ 0.00 |
| | | | | | | TOTAL AMOUNT CLAIMED | $ | $ 0.00 |

DETAILED STATEMENT OF DAMAGE

ENCLOSE WITH CLAIM:
(1) ORIGINAL BILL OF LADING
(2) PICTURE OF DAMAGE
(3) ORIGINAL OR CERTIFIED COPY OF YOUR PURCHASE
(4) REPAIR BILL OR ESTIMATE (ON DAMAGED SHIPMENT)

MAIL OR FAX THIS CLAIM TO:
ALASKA WEST EXPRESS
ATTN: TYLER BONES
1095 SANDURI ST
FAIRBANKS, AK 99701

I hereby certify that the foregoing is correct the best of my knowledge belief.

PRINT NAME DATE

CLAIMANT SIGNATURE

*CONTROLLED COPY LOCATED ON LNET*

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