

## FREIGHT CLAIM

CLAIMANT'S NAME			AWE CLAIM #				
MAILING ADDRES	S		PRO NUN	IBER			
CITY	STATE	ZIP CODE					
TELEPHONE			EMAIL (PI	LEASE INCLUDE FOR CONTACT)			
TYPE OF CLAIM:	□ SHORTAGE		AMAGE	CONCEALED DAMAGE			

## SHOW BELOW DETAILED STATEMENT AS TO HOW CLAIMED AMOUNT IS DETERMINED

PIECES	COMMODITIES (LOST OR	Cost	Extended	WEIGHT	FREIGHT	FREIGHT		Cost +
	DAMAGED)	PER UNIT	Cost		RATE	CLAIMED	Ξ	FREIGHT
							Ш	
							Ξ	
							Π	
							Π	
							Ш	
							Π	
							Ш	
						TOTAL		
						AMOUN	Т\$	
						CLAIME	D	

## DETAILED STATEMENT OF DAMAGE

Enclose with Claim:	
(1) ORIGINAL BILL OF LADING	
(2) PICTURE OF DAMAGE	
(3) ORIGINAL OR CERTIFIED COPY OF YOUR PURCHA	SE
(4) REPAIR BILL OR ESTIMATE (ON DAMAGED SHIPM	ENT)

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