Reset Form

Lakeville Motor Express

STANDARD FORM FOR PRESENTATION OF AN OVERCHARGE CLAIM

Payable to: _____
(Claimant) _____
_____
_____

Payment or _____
declination _____
sent to: _____
_____

Auditor or Claimant
Contact _____
Phone # _____
Fax # _____
E-Mail _____

Date Filed: _____
Your Claim
Reference # _____
Claim Amt $ _____
Bill (Pro) # _____
Bill (Pro) Date _____

Additional Freight Bill (Pro) #'s & Dates

_____
_____
_____
_____
_____

ATTACH EITHER AN ORIGINAL PAID FREIGHT BILL OR A COPY OF THE FREIGHT BILL AND SIGN THE BOND OF INDEMNITY PRINTED AT RIGHT. →

BOND OF INDEMNITY: The undersigned guarantees to protect any carrier having an interest against any and all loss, costs and expenses, including attorney fees, which may result to carrier from payment of this claim by reason of our failure to support same with original paid freight bill.

SIGNATURE:_____

Charges should be:

Reason for Claim - Please Check

- ☐ Prepaid but original BOL shows collect
- ☐ Collect but original BOL shows prepaid
- ☐ Should be 3rd party per original BOL
- ☐ Duplicate payment
- ☐ Overpayment
- ☐ Paid to Lakeville Motor Express in error
- ☐ Discount error
- ☐ Classification error
- ☐ Weight error/value of shipment
- ☐ Other (please explain)

_____
_____
_____

Tariff Authority or Basis for Claim:

_____

_____

Changes in the weight or description require supporting documentation. The following are acceptable:

1. Original bill of lading or copy thereof (or a copy of the electronic bill of lading manifest)
2. Vendor invoice, or a certified copy, when claim is based on weight or valuation of shipment that has been improperly described.
3. Catalog pages or product information.
4. Original packing slip or receiving reports.

SIGNATURE: _____ DATE: _____ AMOUNT: $ _____

Send claim and supporting documentation to:

Lakeville Motor Express
P.O. Box 130280 Roseville, MN 55113
Fax: 651-638-9694

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