

**U.S. GOVERNMENT
FREIGHT LOST/DAMAGE CLAIM**

1. DEPARTMENT/AGENCY	2. FILE REFERENCE OR CLAIMANT NO.
3. TCN NO.	4. CARRIER CLAIM NO.

5. TO: (Carrier)			6. BILL OF LADING		
a. NAME			a. TYPE <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> OCEAN		
b. STREET ADDRESS			b. NO.		
c. CITY	d. STATE	e. ZIP CODE	c. DATE ISSUED		
7. CONSIGNEE			8. CONSIGNOR		
a. NAME			a. NAME		
b. STREET ADDRESS			b. STREET ADDRESS		
c. CITY	d. STATE	e. ZIP CODE	c. CITY	d. STATE	e. ZIP CODE

9. MODE OF TRANSPORTATION CODE:			10. BASIS FOR CLAIM CODE:		
11. CARRIER'S PRO/FREIGHT BILL NO.	12. CARRIER'S STATEMENT OR VOUCHER NO.		12a. CHARGES (\$)	12b. DATE PAID	13. DATE CARRIER SIGNED FOR SHIPMENT
14. CONVEYANCE (Car, truck, vessel, etc.) (Specify type and No.)			15 D.O.V. NUMBER		16. BUREAU VOUCHER NUMBER
17. ACQUISITION DOCUMENT	a. TYPE			b. NUMBER	18. DOCK RECEIPT NUMBER
	<input type="checkbox"/> REQUISITION	<input type="checkbox"/> CONTRACT	<input type="checkbox"/> OTHER (Specify)		
<input type="checkbox"/> PURCHASE ORDER	<input type="checkbox"/> INVOICE				
19. ACCOUNTING FUND CLASSIFICATION			20. CARRIER INSPECTIONS		
a. UNEARNED FREIGHT			a. INSPECTION <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> WAIVED		
b. PROPERTY			b. NAME OF INSPECTOR		

21. DESCRIPTION AND VALUE OF ARTICLES LOST AND/OR DAMAGED						
COMMODITY DESCRIPTION AND NATIONAL STOCK NO. (If any)	ARTICLES WERE (Check one)		QUANTITY		WEIGHT	VALUE (\$) (Explain in Item 23)
	LOST	DAMAGED	UNIT	NO. OF UNITS		
a.	b.		c.		d.	e.
f. TOTAL				▶		
g. UNEARNED FREIGHT RATE			X			
h. AMOUNT OF CLAIM (Line f plus Line g)						
i. AMOUNT DUE FROM CARRIER (Enter amt. shown on Line h unless reduced because of released or declared value. Explain difference in Item 23)						

22. SUPPORTING DOCUMENTS (Check as appropriate)	<input type="checkbox"/> GBL MEMO COPY	<input type="checkbox"/> INSPECTION CERTIFICATE	23. REMARKS (Continue on reverse)
	<input type="checkbox"/> PIER CLERK DELIVERY RECEIPT	<input type="checkbox"/> CARRIER OS&D REPORT	
	<input type="checkbox"/> UNLOADING WEIGHT CERTIFICATE	<input type="checkbox"/> INVOICE OR CERTIFIED COPY	
	<input type="checkbox"/> CARRIER'S PRO/FREIGHT BILL NO.	<input type="checkbox"/> REPAIR STATEMENT	
	<input type="checkbox"/> EAM LISTING	<input type="checkbox"/> LOADING WEIGHT CERTIFICATE	

24. PAYING INSTRUCTIONS <i>(Return copy of this document with remittance. When remittance or documentary evidence of refutation is not received within one hundred twenty (120) days from the DATE OF CLAIM, the claimed amount will be deducted from current bills. NOT APPLICABLE WITH RESPECT TO CLAIMS AGAINST INTERNATIONAL AIR CARRIERS.)</i>	a. MAKE REMITTANCE PAYABLE TO	b. MAIL TO			
		NAME			
		STREET ADDRESS			
		CITY		STATE	ZIP CODE

25. CLAIM PREPARED BY				
a. NAME OF ACTIVITY	b. SIGNATURE		d. DATE PREPARED	
	c. TITLE		e. DATE OF CLAIM	

INSTRUCTIONS FOR PREPARATION

This form shall be prepared in a sufficient number of copies so that the original and one copy can be mailed to the carrier, and additional distribution made in accordance with agency requirements. Detailed instructions are provided below for those items which are not considered self-explanatory.

Items 1, 3, 9, and 10 - For optional use by civilian agencies - primarily for use by military activities.

Item 2 - Enter file reference or agency number, as appropriate.

Item 4 - Leave blank unless carrier has assigned a claim number and requested its use.

Item 11 - Enter applicable carrier transportation reference number (e.g., waybill, lading, delivery receipt, etc.).

Item 18 - Enter dock receipt number for ocean shipments.

Item 19 - Enter accounting fund classifications to be credited with collections from carrier for unearned freight and property. (If same for both, enter classification in Item 19a and use ditto marks in Item 19b.).

Item 21d - Enter weight of units short; weight of units or components rejected to carrier account of damage beyond economical repair.

Item 21e - Enter actual value of units (not released or declared value).

Item 21g - Enter freight rate, total weight, and amount of unearned freight for which carrier has been paid and which must be refunded. (When different rates apply to different units, enter "See Item 23" in spaces for rate and weight and show computations in Item 23.).

Item 25a - Enter name of activity preparing claim; also enter address if different from address shown in Item 7.

Item 25d - Enter date claim is prepared.

Item 25e - Enter date on which claim is mailed to the carrier.