PRESENTATION OF SHORTAGE OR DAMAGE CLAIM				
	DOHDN			
DOHRN				
Transfer Company				
This claim is for SHORTAGE DAMAGE		This claim is presented to	to Dohrn Transfer Company 625 3rd Avenue Rock Island, IL 61201 ph. 800-747-0723 fax 309-794-1693	
	CLAIMANT	Date Claim Filed		
Company Name		Claimant's Reference No.		
Address 1		Dohrn Freight Bill No.		
Address 2		Please refer to this freight	se refer to this freight bill number on all correspondence.	
City	State Zip	Bill of Lading Date		
Phone		Weight of Shipment		
		-		
SHIPPER		CONSIGNEE		
Company Name		Company Name		
Address 1		Address 1		
Address 2		Address 2		
City	State Zip	City	State	Zip
STATEMENT OF SHORTAGE OR DAMAGE				
No. Pieces	Description of articles, including part no., model no., etc			Amount Claimed
Total amount	claimed: Claim is for	: FULL VALUE	REPAIR	ALLOWANCE
Be sure to attach letter of explanation if there are special circumstances we should know about regarding your claim.				
THE FOLLOWING DOCUMENTS MUST BE INCLUDED TO PROCESS YOUR CLAIM For shortage claim, items 1 through 3 are REQUIRED. For damage claim, items 1 through 6 are REQUIRED.				
1. Original vendor's invoice (proof of purchase cost) or photocopy showing all discounts. (Please include entire invoice.)				
Legible copy of freight bill or original paid freight bill if available. Original bill of lading or bond of indemnity in lieu thereof.				
Carrier's inspection report, where copy has been provided. Invoice for repair or recoopering, showing breakdown of labor by hour and rate of pay, if available.				
6. Invoice for materials purchased to complete repair or recoopering, if applicable.				
certifying the	ne case of non-delivery or shortage, it will speed concluse goods claimed short have never been received from a laim was presented in the event said goods are ever re	any source and further, notific	d statement from the o ation will be given to t	consignee the carrier to
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.				
		GNATURE OF CLAIMANT		
THE ABOVE	FORM MUST BE ENTIRELY COMPLETED TO BE PROCESSED.	PRINT NAME _		