

Cal-Metro Distributing Co., Inc.
 Freight Claim Department
 500 S. Greenwood Avenue
 Montebello, CA 90640
 FAX # (323) 725-1437

CLAIM FILED BY

Company Name		Claimant's Claim No.	Date Prepared
Address or P.O Box Number		Cal-Metro Freight Bill No.	Freight Bill Date
City, State, Zip			Date of Delivery
Phone Number	Fax Number	Claim is For ___ LOSS ___ DAMAGE	Total Amount of Claim: \$

CLAIM IS MADE WITH CAL-METRO DISTRIBUTING CO. INC. ON THE FOLLOWING DESCRIBED SHIPMENT:

Consignee	Destination
Shipper	Origin
Total No. of Pieces in Shipment	Total Weight of Shipment

DETAILS OF CLAIM SHOW HOW AMOUNT OF CLAIM IS DETERMINED

No. Pieces	Description of Articles	Amount
TOTAL		\$

DOCUMENTS NEEDED IN SUPPORT OF YOUR CLAIM

- LOSS:**
 ___ Original or copy of paid freight bill
 ___ Original invoice or certified copy

- DAMAGE:**
 ___ Original or copy of paid freight bill
 ___ Carrier's inspection report (if inspected)
 ___ Original invoice or certified copy
 ___ Repair bill or certified copy (if repaired)
 showing material used & labor rate per hour

NOTE:

To expedite the handling of your claim please included the above mentioned documents as your claim **WILL NOT BE PROCESSED** until properly supported.

Claimant's Signature: _____

Print Name _____