OVERCHARGE CLAIM

TOTEM OCEAN TRAILER EXPRESS
ATTN: FREIGHT AUDIT
PO BOX 1429
FEDERAL WAY, WA 98063-4129

DATE: _____

INV NO. _____

CLAIMANT: _____

ADDRESS: _____

CITY: _____ ST ____ ZIP_____

TELEPHONE ( )_____ FAX ( )_____Email _____

EXPLANATION OF DISCREPANCY. Please provide contract application and/or tariff authority. Any weight difference must be accompanied by a certified scale ticket. All dimensional differences must be accompanied by manufacturers specifications for the specific equipment or vehicle.

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As Billed _____

_____

Claim Amount _____

Submitted By: _____ Received By: _____

Date: _____ Date: _____