								Page _	of
			ROGRA ION OF	LOSS	Ca OR DA not a Clain			IVERY	7
NAME O	F OWNER				RANK/GRADE	WT OF SHIP	MENT		
PPGBL/0	ORDER NO.	SCAC	CODE	PICK	C UP DATE		TP RE	FERENCE NO	·.
ORIGIN	OF SHIPMENT (C	City, State &	Country)			DESTINATION	OF SHIPMEN	T (City, State &	Country)
delivery re notice bef and/or da leave this	epresentative m fore the TP's rep	ust jointly oresentative vered at the required,	complete this for e leaves your he time of deli- use multiple of	orm. You sho nome. If you t very, write "I	signated represer ould list on this fo find loss or dama NONE" in the sp s form	rm all new dama ige at delivery, y	age and any mouse and single and	nissing items t it on this form	that you n. <b>If no los</b> :
INV. NO.	ITEM			ON OF DAMA	AGE (If missing, so	specify. Electroni	c items, provide	brand & mode	I number)
form to file this form a governme Loss or D	e a claim and in: and Notice of Lo ent for any item t amage After De	structions oss or Dam that is not livery form	for submitting ynage After Deliv listed on these unless it is dis	our claim on very form with forms. Furthe patched to th	amage discovere line. You must g in 75 days of del ermore, you will i e TP within 75 ca	ive the TP notic ivery. You will r not be paid for it alendar days of	e of all loss or not be paid by ems that are I delivery.	damage by seither the TP isted on the N	submitting or the Notice of
Notification damage in or dispatc	on of Loss or Da not discovered a ch electronically	mage <b>AT</b> I t delivery o the Notice	Delivery documon the Notificati AFTER Delive	ent. I unders on of Loss or ry to the TP i	stand that I have Damage <b>AFTEF</b> dentified below w listed on these fo	75 days from de R Delivery docur vithin 75 days of	livery to ident nent. I unders	ify and list furt stand that I mi	ther loss or ust mail, fa
	ACKNOWLEDGEMENT BY CUSTOMER OR THEIR REPRESENTATIVE: (complete as applicable and sign below.)								
	Unpacking, Partial Unpacking and removal of packing material, boxes, cartons and other debris was (che							eck one)	
		perfo	ormedn	ot performed	waived	TP will retu	<u>rn</u>		
		Signature	of the Service M	ember X					
Received for delivery at:					Name/	Address of Tra	nsportation F	Provider	
Street Ad	dress								
City		;	State Z	ip					
Telephone Number					Telephone Number FAX Number				

Service Provider Signature

**Customer Signature** 

Date

Date