



CARGO LOSS & DAMAGE SUBMITTAL FORM

Fax or mail to:

Tandem Logistics, Inc.
 2911 A.W. Grimes Blvd. South #400
 Pflugerville, TX 78660
 PH: 512.388.9433
 FX: 512.388.2931

Claimant:

Company: _____
 Address: _____
 City/State/Zip: _____
 Reference No.: _____

Today's Date: _____

SHIPMENT INFORMATION:

Shipper's Name:	Consignee's Name:
Origin City & State:	Destination City & State:
Bill of Lading No.:	Date of Delivery:
B/L Date:	Invoice/Pro#:

DESCRIPTION OF LOSS OR DAMAGE:

No. of Pieces	Description of Material	Unit Cost	Claim Amount
TOTAL:			

Describe loss or damage and any available details supporting claim:

Please provide the following documentation with your claim:

- Documentation of original cost such as invoice
- Copy of original bill of lading or delivery receipt
- Inspection report (if available)

 Claimant's Signature

 Date