

**Standard Form for Presentation of Billing Disputes or Overcharge Claims**

(See NMFC Items 300300 or 300500)

**Claimant:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Date\*: \_\_\_\_\_

Claimant's Reference No.: \_\_\_\_\_  
 Claim Amount: \$ \_\_\_\_\_  
 Signature: \_\_\_\_\_

\*Per NMFC Items 300320 or 300520 all claims must be filed within 180 days from receipt of original invoice. Claims filed after this period will not be accepted.

**Detailed Statement of Claim**

Freight Bill No. or Pro No.	Date	Weight	Amount Paid	Correct Amount	Overcharge Amount

Supporting Documentation:

- Original Freight Bill (must be included if available)
- Rate, Classification, Commodity Description or Weight Claimed to Have Been Applicable
- Freight Bill Payment Information
- Other Documents or Data to Support Claim

Additional comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Except as otherwise provided in individual carrier's tariffs, for procedures governing overcharge claims, unidentified or duplicate payments involving the transportation of property by motor carriers of household goods, motor carriers participating in the noncontiguous trade and freight forwarders subject to 49 USC Subtitle IV, Part B, see NMFC Items 300300 through 300380.

Except as otherwise provided in individual carrier's tariffs, for procedures governing billing disputes, see NMFC Items 300500 through 300530.

Send completed form and backup documents to [OverchargeClaims@aduiestyle.com](mailto:OverchargeClaims@aduiestyle.com)