



STANDARD FORM FOR PRESENTATION OF OVERCHARGE CLAIMS

Overcharge claims must be filed within 180 days of pickup. Claims may be filed using this form or by letter. Claims will be acknowledged within 30 days of receipt. Please include SAIA PRO numbers in all correspondence.

CLAIMANT'S NAME (PLEASE PRINT)		CURRENT DATE	
CLAIMANT'S ADDRESS	CITY	STATE	ZIPCODE
YOUR REFERENCE OR CLAIM NO. *	CLAIM AMOUNT \$	CLAIMANT'S TELEPHONE NUMBER ()	CLAIMANT'S FAX NUMBER ()

* Please assign a dedicated number for your reference.

NATURE OF OVERCHARGE

CHECK ONE

- RATE
- DESCRIPTION ¹
- OVERPAYMENT
- DUPLICATE PAYMENT ²
- OTHER (SPECIFY): _____
- WEIGHT ¹
- CLASSIFICATION
- PAYMENT IN ERROR
- DISCOUNT APPLICATION ERROR

FREIGHT BILL NUMBER(S) SUBJECT TO

INCLUDE A COPY OF EACH BILL LISTED

_____	_____
_____	_____
_____	_____
_____	_____

¹ Shipper - Include original and corrected bills of lading or original paid freight bill.

Consignee - Include corrected bill of lading (from the shipper), or original paid freight.

² Shipper or Consignee - Include original freight bill and photocopies of cancelled drafts or checks.

Tariff authority _____ Discount Item No. _____

* All Class and Weight disputed claims must be supported with the shipper's bill of lading for each shipment claimed. Brochures and "sample" bills of lading will not be accepted.

* All claims must be itemized per shipment/pro. The itemized amounts must balance with the total amount claimed.

DETAILED STATEMENT OF CLAIM

PLEASE BE AS SPECIFIC AS POSSIBLE. BE SURE TO STATE FULL TARIFF AUTHORITY INCLUDING APPLICABLE DISCOUNT INFORMATION.

PREPARER'S NAME
PREPARER'S TELEPHONE NUMBER ()

SEND OR FAX CLAIM TO:

Saia, Inc.
P.O. Box A, Station 1
Houma, LA 70363
Phone: (800) 950-7242

Email: occlaims@saia.com