



Tel: (651)636-7182  
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**FORM FOR THE PRESENTATION OF LOSS OR DAMAGE CLAIM**

To: Manager, Claim Services

From:

Miracle Express, Inc.  
P.O. Box 131420  
Roseville, MN 55113-0012

Name

Company

Address

City/State/Zip

Telephone Number

Today's Date

Reference Number

THIS CLAIM IS FOR:      LOSS:      DAMAGE:

SHIPPED FROM: \_\_\_\_\_  
Company Name:

\_\_\_\_\_ City of Origin:

SHIPPED TO: \_\_\_\_\_  
Company Name:

\_\_\_\_\_ City of Destination:

PRO NUMBER: \_\_\_\_\_ PAID: YES:      NO:

**DETAILED STATEMENT SHOWING HOW YOU ARRIVED AT THIS CLAIM**

Total Claim: \$

Did you receive a discount from the vendor for any reason?    YES      NO

If yes, please indicate reason and amount \_\_\_\_\_

Have you included with this claim the following documents?

Original Vendor's Invoice or Certified copy:      YES      NO

Copy of the Delivery Receipt:      YES      NO

Copy of the Brokerage/Canada Customs B3 Entry:      YES      NO  
(International shipments only)

Further remarks may be made on a separate sheet of paper or on the reverse side of this form.

I CERTIFY THE ABOVE STATEMENT OF FACTS ARE CORRECT

\_\_\_\_\_  
Signature of Claimant