4115-Z

GREYHOUND LINES, INC.

☐ LOSS
☐ DAMAGE
☐ OTHER

EXPRESS TRACER/CLAIM STATEMENT

☐ COMMERCIAL ☐ PERSONAL

(FOR CARRIER USE ONLY)
COPIES TO:

DATE	FILE NO
CLAIMANT NAME	
ADDRESS	
CITY-STATE-ZIP	

This claim for $ _____ is made against (carrier name): _____

If claim is for loss, accurately describe the outside appearance of the container indicating the size, color, type of material, identifying labels, etc. If baggage, describe type, make, material and color (see chart on reverse side of copy no. 3). Description of shipment(s):

BUSBILL						
TYPE ☐ PREPAID ☐ COLLECT ☐ C.O.D.	NAME OF ISSUING CARRIER					
NUMBER	DATE ISSUED	TIME ISSUED A.M. P.M.	DECLARED VALUE	WEIGHT LBS.	NUMBER OF PIECES _____ SHIPPED	_____ RECEIVED

Name and Address of Shipper _____

Shipped from _____ (CITY, TOWN OR STATION, STATE) to _____ (CITY, TOWN OR STATION, STATE)

Final Destination _____ (CITY, TOWN OR STATION, STATE) Routed via _____

Name and Address of Consignee (To Whom Shipped) _____

List and describe every item in your shipment which has been lost or damaged as indicated below. This list must be complete.

QUANTITY	DESCRIPTION OF ARTICLES (Indicate trade name, type, material, color, and nature and extent loss/damage)	COST TO CLAIMANT	PERSONAL EXPRESS ONLY: DATE OF PURCHASE	PERSONAL EXPRESS ONLY: PRESENT DEPRECIATED VALUE
	TOTAL			

If more space is needed, attach another sheet.
If property is covered by insurance, give the name and address of the Insurance Company:

IMPORTANT: The Original Copy of the Busbill, and any Sales Slips, Invoices, or other verification of the purchase value of articles listed above, must be attached to this Statement.

The foregoing statement of facts is hereby certified to as correct.

Tracing Agent: _____

Location: _____

Date of Tracer:	Date Claim Received:

Claimant Signature: _____ Date: / /

Title: _____

Phone No: _____

CLAIM DEPARTMENT