CROSS CREEK

TRUCKING INCORPORATED

CLAIM FORM

CUSTOMER NAME:_____PH:_____

COMPANY REPRESENTATIVE:_____

ADDRESS:_____CITY_____ST_____

PO#_____CCTC#_____TRUCK#_____TRLR#_____

SHIPPING DATE:_____DELIVERY DATE:_____

DISPOSITION OF PRODUCT:_____

DESCRIBE DAMAGE_____

COMMODITY DESCRIPTION	QUANTITY	UNIT COST	SHIPPING COST	TOTAL COST
TOTAL CLAIM COSTS				

MONA CHISUM **541-423-1346**
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