



U.S. Department of State - USAID  
**DEMAND ON CARRIER/CONTRACTOR**

Pack-Out Carrier Address			
Delivery Carrier Address			
Claim is Presented For: <input type="checkbox"/> Loss <input type="checkbox"/> Damage in Connection With the Following Shipment of: <input type="checkbox"/> Household Goods <input type="checkbox"/> Baggage <input type="checkbox"/> Other ( <i>Specify</i> ) _____			Amount of Claim
Origin Transportation Office		Destination Transportation Office	
Shipment Released	From	To	
Shipment Packed	By		Date ( <i>mm-dd-yyyy</i> )
Shipment Stored	By	From Date ( <i>mm-dd-yyyy</i> )	To Date ( <i>mm-dd-yyyy</i> )
Shipment Delivered	By		Date ( <i>mm-dd-yyyy</i> )
Shipment Unpacked	By		Date ( <i>mm-dd-yyyy</i> )
Date Damage or Loss Discovered ( <i>mm-dd-yyyy</i> )		By Whom	
Were written exceptions noted on delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>If "No", explain</i> )			
Remarks			
Name of Claimant		Address ( <i>Include ZIP Code</i> )	
Signature			Date ( <i>mm-dd-yyyy</i> )