

Old Dominion Freight Lines

Standard Form for Presentation of Overcharge Claim

Claimant's Name _____ Date: _____

Claimant's Address _____

Reference/Claim # _____ Claim Amt _____

Claimant Phone/Fax # _____

Nature of Overcharge _____

Tariff Authority: _____

Discount Item Number _____

Detailed Statement of Claim Including Pro Numbers

Preparer's Name _____

Preparer's Email Address _____

Please include copies of the freight bills and any documentation that supports your claim