

MAIL TO:  
FedEx Ground  
P.O. Box 108  
Pittsburgh, PA 15230  
ATTN: C.O.D. Dept.  
FAX#: (412) 747-4294



Date of claim \_\_\_\_\_

Claimant's Claim No. \_\_\_\_\_  
(If you assigned one)

### C.O.D. CLAIM FORM

C.O.D. Claim in the amount of \$ \_\_\_\_\_ is hereby filed against FedEx Ground, Inc. in connection with the shipment described below:

**IMPORTANT**  
Please file one (1) claim per invoice.

Shipper \_\_\_\_\_  
(From) \_\_\_\_\_ ZIP: \_\_\_\_\_

Shipper No. \_\_\_\_\_

Package No.(s) \_\_\_\_\_

(SHIPPER NO. + PACKAGE NO. = BAR CODE LABEL NO.)

Consignee \_\_\_\_\_  
(To) \_\_\_\_\_ ZIP: \_\_\_\_\_

Date Package was shipped \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

**FAILURE TO INCLUDE SUFFICIENT DOCUMENTATION WILL DELAY PROCESSING OF CLAIM.**  
Claim must be supported with the following documents:

- FedEx Ground Pickup Record — Identifies package, shipment date and extra services purchased
- Invoice to Consignee — Original or photocopy certifying contents and value of package (include all pages showing all discounts)

#### Settlement Information

Claimant \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preparer's Name \_\_\_\_\_

Telephone No. ( \_\_\_\_\_ ) \_\_\_\_\_

Fax No. ( \_\_\_\_\_ ) \_\_\_\_\_

#### FedEx Ground Use Only:

Type of Claim \_\_\_\_\_

Amount \$ \_\_\_\_\_

Charge Account \_\_\_\_\_

Approved By \_\_\_\_\_  
\_\_\_\_\_