

Claim Form - (Please Print Clearly)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Claimants Name – Please Print)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City- State- Zip

Mr. George Fitter, Division Engineer  
National Railroad Passenger Corporation  
165 Royal Little Drive  
Providence, Rhode Island 02904  
Dear Sir:

Claim is hereby filed for all time made by: \_\_\_\_\_  
(Give full name of person, persons or contractor)

\_\_\_\_\_  
\_\_\_\_\_  
(Performing the work for which claim is being made)

Working at: \_\_\_\_\_  
(Show railroad location, milepost, etc. of work performed including City & State)

On: \_\_\_\_\_  
(Give all dates for which claim is made)

When he/they, in violation of Rules No/s. \_\_\_\_\_ of the current  
Effective Agreement, performed the following work **(Be Specific):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Give a complete description of work claimed, dates and hours involved)

Very Truly Yours,

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
(Occupation and Gang Number)

\_\_\_\_\_  
Headquarters

**Send Copies of Claim To**

- Dale E. Bogart Jr., G.C., BMWED 3321 B Vestal Parkway East, Vestal, New York 13850
- Renato Rufo, V.G.C. BMWED 161 Isabella Avenue, Providence, Rhode Island 02908