



DP3 Shipment Inconvenience Claim Form

SHIPMENT INFORMATION: (To be completed by TSP prior to providing to customer)*All fields are required.*

Customer Name:	Bill of Lading (BL) #:
TSP Name & SCAC:	TSP Phone & Email:
Planned Pickup (PU) Date:	Required Delivery Date (RDD):
Actual PU Date:	First Available Delivery Date (FADD):
Customer Requested Delivery Date:	Actual Delivery Date:

CUSTOMER INFORMATION/INCONVENIENCE CLAIM: (To be completed by customer)*All fields are required.*

Customer Phone No.: _____ Alternate Phone: _____	
Primary Email: _____ Alternate Email: _____	
Current Mailing Address*: _____	
City: _____ State/Country: _____ Zip Code: _____	
Enter number of days you are claiming here:	Per Diem Total See Notes:
NOTES: <input type="checkbox"/> Receipt free applies ONLY to the first seven (7) days of claim UNLESS claim exceeds the local per diem rate for Meals and Incidental Expenses (M&IE) for the member ONLY . <input type="checkbox"/> Receipts ARE mandatory for actual out of pocket expenses that exceed the local per diem rate during the first 7 days. <input type="checkbox"/> Beginning on the eighth (8th) day, payment for the per diem rate is NOT authorized and receipts ARE mandatory for all actual out of pocket expenses. <input type="checkbox"/> Receipts ARE mandatory for claims associated with all Unaccompanied Baggage (UB) shipments. <input type="checkbox"/> Reference https://www.defensetravel.dod.mil/site/perdiemCalc.cfm for calculation of Per Diem total. <i>See reverse side for additional information.</i>	
Itemized Claim (Optional unless receipts are required):	
Items:	Dollar Amount Claimed: Date Purchased:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
<i>Please use additional pages if necessary.</i>	
Enter your Itemized Claim amount here (if applicable):	_____

Customer's Signature: _____ **Date:** _____

Please submit your inconvenience claim package directly to the TSPs email address at: _____.
 (To be provided by the TSP)

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If you were available on the missed RDD and were subsequently unavailable for delivery on the date offered for delivery due to reason listed below, a Non-Availability Statement MUST be completed to support your Inconvenience Claim.

NON-AVAILABILITY STATEMENT

I certify that I had a residence and was available on *(enter DATE(S) here)* _____. However, due to good cause indicated below I was not available to accept delivery of my personal property shipment indicated on the front page. I also certify that reason is not for my personal convenience.

- Sent on official Temporary Duty (TDY). Enter TDY Dates: _____
- Hospitalization/Convalescence leave Dates: _____
- Went on short notice mission/exercise: Specify Mission/Exercise & Dates: _____
- Went on Emergency Leave (EL). Enter EL Dates: _____

NOTE: Good cause reason must be supported with official document, such as TDY/EL orders, medical authority letter, and included to this Inconvenience Claim.

Customer's Signature/Date: _____

Inconvenience Claim Information and Instructions

An Inconvenience Claim is authorized and payable when your TSP 1) **fails to pick up** your shipment on the agreed date, 2) **fails to deliver** on or before the RDD, provided you are in possession of residence and are available to receive the delivery, or 3) when your shipment **cannot be delivered out of storage** within seven (7) Government Business Days (GBDs) of first contact date requesting delivery or within two (2) GBDs of the requested date when the requested date exceeds seven (7) GBDs from when the customer makes first contact requesting delivery.

Your TSP will provide a simplified, receipt free process for you to file a baseline inconvenience claim. **Receipt free inconvenience claims apply to the first seven days of your claim. You may seek reimbursement for out-of-pocket expenses over the baseline amount, which must be documented with an itemized list of all expenses supported by receipts.**

NOTE: Inconvenience claims are separate from claims associated with the loss and/or damage to personal property.

Please contact your local transportation office for further assistance.

Provide the following with your claim:

1. Completed Inconvenience Claim Form.
2. Receipts associated with all Unaccompanied Baggage (UB) shipments (mandatory).
Note: UB shipment claims are NOT paid based on per diem and require receipts showing actual expenses.
3. If applicable, receipts for claims up to seven (7) calendar days only if the claim exceeds the baseline amount.
Note: Receipts are not required for claims up to seven (7) calendar days which do not exceed the baseline amount.
4. Receipts beginning on the eighth (8) day for actual out of pocket expenses.

The baseline payment is 100% of the local per diem rate for Meals and Incidental Expenses (M&IE) for the member ONLY. **The local per diem rate is ONLY authorized for the first seven (7) days.** M&IE per diem rates are posted at: <https://www.defensetravel.dod.mil/site/perdiemCalc.cfm>. Please contact your local transportation office for help in calculating your M&IE per diem rates.

TSP is not liable for an inconvenience claim payment if:

1. Delay was caused by natural disasters; acts of the public enemy; acts of the Government; acts of the public authority; violent strikes; mob interference; or delays of Code J or Code T shipments that were caused by the Government and TSP's negligence did not contribute to the delay.
2. Customer is not available for delivery (e.g. customer has not taken possession of their residence) on TSP's First Available Delivery Date. This unavailability may result in the shipment going into temporary storage in transit.
3. Delayed shipment is comprised entirely of alcohol.
4. Shipment is **delayed** due to the discovery of mold/infestation at time of pickup.
5. In the event of a catastrophic loss or in the event of requirement for mold remediation, inconvenience claim liability will terminate 15 days after payment is received for essential items.