

Date \_\_\_\_\_

SPRINGFIELD TERMINAL RAILWAY CO. CLAIM FORM

This is a formal claim per Rule 25 of the Agreement between the STRC and the BMW.

\_\_\_\_\_  
(Name and Title of Designated Carrier Official to Receive Claim)  
Springfield Terminal Railway Company  
High Street, Iron Horse Park  
No. Billerica, MA 01862

\_\_\_\_\_  
Employee Name  
\_\_\_\_\_  
Home Address  
\_\_\_\_\_  
Town, State, Zip

- 1) \_\_\_\_\_ Occupation      \_\_\_\_\_ Audit/Line      2) \_\_\_\_\_ On & Off Duty Times
- 3) \_\_\_\_\_  
Date & Time Work Was Performed and Number of Hours
- 4) \_\_\_\_\_  
Location and Details of Work Performed on Which Claim is Based
- 5) \_\_\_\_\_ Who Ordered Work Performed      6) \_\_\_\_\_ Rule Nos. Violated
- 7) \_\_\_\_\_  
Any Instruction Issued To Have Work Performed
- 8) \_\_\_\_\_  
Explain The Nature Of the Claim  
\_\_\_\_\_  
And The Reason That You Are  
\_\_\_\_\_  
Entitled To Be Paid.

cc: Local Chairman  
S.A. Hurlburt Jr., GC, BMWED, 135 Mick Lane, Oneonta, NY 13820

\_\_\_\_\_  
Employee's Signature

(1) TO CARRIER, (1) TO LOC CHRM, (1) TO GEN CHRM, (1) FOR YOUR RECORDS