Date: _____

PAN AM (ST) RAILWAY Co. CLAIM FORM

As per Article 25 of the PAN AM (ST)/BMWED Agreement this is a formal claim

_____
(Name and Title of Designated Carrier Officer to receive Claim)
Pan Am (ST) Railway Company
High Street - 1700 Iron Horse Park
North 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) _____ Article Numbers 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

_____

_____
Employee's Signature

CC: Local Chairman
D.E. Bogart Jr., GC, BMWED, 3321 B Vestal Parkway East, Vestal, NY 13850

(1) TO CARRIER, (1) TO LOCAL CHAIRMAN, (1) TO GENERAL CHAIRMAN, (1) FOR YOUR RECORDS

REVISED JUNE 2, 2012