NOTICE OF OVERCHARGE

RUN DATE	CARRIER			DRN
SCAC				
AGENCY CODE	DATE BILL PAID	SHIPPING DATE	SHIP SPECIFIC NUMBER	CARRIER BILL NUMBER
AUDITOR NUMBER	REVIEWER NUMBER	CONTRACTOR	PLEASE FURNISH A COPY OF THIS FORM WITH ALL CORRESPONDENCE, MAKE CHECK PAYABLE TO "GENERAL SERVICES ADMINISTRATION."	
DIRECTOR, TRANSPORTATION AUDIT DIVISION		TELEPHONE NUMBER	**MAIL TO** ▶ GENERAL SERVICES ADMINISTRATION P.O. BOX 93746 CHICAGO, IL 60673	
		MODE / FOREIGN CURRENCY		

THIS OVERCHARGE AMOUNT SHOULD BE PROMPTLY REFUNDED OR EVIDENCE FURNISHED TO SUPPORT CHARGES ORIGINALLY PAID; OTHERWISE, COLLECTION ACTION MUST BE INITIATED PURSUANT TO 31 U.S.C. 3726.

AMOUNT PAID	SHOULD BE AMOUNT	AMOUNT OF OVERCHARGE	INTEREST	TOTAL AMOUNT OF OVERCHARGE

BASIS OF OVERCHARGE