

[Sample claim form for unpaid Extra Trips]

_____ [insert date]

[name and address of contracting officer]

Re: Claim under Contract No. _____ [insert contract number]

Dear Contracting Officer:

This is a claim for payment of unpaid Extra Trips under the above-referenced contracts for the period of _____ through _____. Attached are the PS Form 5397s, "Contract Route Extra Trip Authorization," issued by the Postal Service for each unpaid Extra Trip. The total amount of this claim is \$_____.

A contracting officer's final decision is due within 60 days of your receipt of this claim. If you have any questions or need any additional information, please feel free to contact me.

Sincerely,

[Contractor signature]