



Commission Protection Claim Form

Trip Mate, Inc., Claims Administrator
9225 Ward Parkway, Suite 200
Kansas City, Missouri 64114

Tel: 1-888-411-5378 Fax: 1-816-523-3379

Date ____ / ____ / ____

AGENCY INFORMATION

Agency Name: _____ Telephone # (____) _____

Street Address City State Postal Code

CLIENT INFORMATION

Client Name: _____ TravelSafe Plan # _____

Street Address City State Postal Code

TRIP INFORMATION

Travel Supplier Name _____ Booking/Locator # _____

Trip Departure Date ____ / ____ / ____ Return Date ____ / ____ / ____ Destination _____

____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____
Booking Date Final Payment Date Trip Cancellation Date

COMMISSION PROTECTION INFORMATION

Number of Passengers on Booking: _____

Total Amount Paid For Trip (excluding Insurance Premium, Taxes, and Service Fees) \$ _____

Total Commission Originally Due: _____ % Total Amount Due \$ _____

Less Amount of Commission Retained By Agency on Canceled Booking (\$ _____)

Commission Lost Due To Canceled Booking \$ _____

WITH THIS CLAIM FORM YOU MUST ATTACH:

- * Copy of initial client invoice for the trip
- * Copy of client cancellation invoice
- * Proof of client final payment date
- * Proof of amount paid by client
- * Proof of commission rate on booking*
- * Proof of commission lost on booking *

Name and Title of Person Signing Below

Signature

____ / ____ / ____
Date Signed

* (i.e. travel supplier cancellation invoice, commission recall statement, etc.)