TO **EUROCONTROL, Central Route Charges Office,**
Customer Relations Section
Rue de la Fusée 96, B-1130 Brussels (Belgium)
Fax : +32 2 729 9093/9096

FROM _____

Reference : _____ **Fax :** _____

Date : _____ **Tel :** _____

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SUBJECT **CLAIM AGAINST EUROCONTROL ROUTE CHARGES**

FLIGHT PERIOD (YYMM) : | | | | |

BILL REF. _____ **. / . . . . . / . . / . . . . / . .** _____ **DATED :** _____

Date of Flight	Line N°	Flight ID	Charge in currency	Claim Code	Additional Particulars to be provided/Correct Data
(Col. 1 of the Pro Forma Statement)	*(Col.2 of the Pro Forma Statement*	*(Col. 3 of the Pro Forma Statement)*	*(Col. 7 of the Pro Forma Statement)*	*See table*	*See table*
1	2	3	4	5	6

Total Claimed: (Euro):

Signature : _____ Name: _____