



## 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.)