DAMAGE/MISSING CLAIMS FORM

STORE NAME _____

ADDRESS_____

CITY, STATE, ZIP _____

EMAIL _____

PHONE NUMBER_____

VENDOR_____ **DATE**_____

PO _____ **ACCT #**_____

QTY	ITEM #	DESCRIPTION	EXPLANATION	PRICE	TOTAL

NOTES _____

_____

_____

**** Don't forget to email pictures as well to vendor with claim form****

DATE CREDIT OR REPLACEMENT RECEIVED_____