

P.O. Box 1707 • Hampton, VA 23669-1707 • Phone (757) 951-0322 • Fax (757) 951-0323

## Damages/Shortages Form

Damages and shortages must be reported to the office with 24 hours of receipt of product

Fax to: 757-951-0323

			*Requ	ired Fields
Ship Date*:			Account Number*:	
	Printed date on Proof of D	Delivery	4 digit # to left of consignee on Proof of Delivery	У
Delivery Date*:			Invoice Number*:  4 digit # to left of shipper name on Proof of Deli	
			4 digit # to left of shipper harife on Froot of Deli	very
Company Name:				
Address:				
Telephone*:				
Contact*:				
Adjustment Amo	unt*: \$			
□ Damag	ed	□ Short	□ Other	
Explanation (attack	h any paperwork or in	formation to :	support your claim)*:	

Contact Tommy or Donna with questions: 757-951-0322