



Overage, Shortage, and Damage Claim Form

Please Submit completed forms by e-mail to:
OS&D@stevensind.com and your Customer Service Rep
****Please fill out this form to the best of your ability****

Claimant

CCR Ticket # (Stevens Issued after submission)

Company

Shipper Address:

Consignee Address:

Carrier:

Carrier Pro Number:

Notes:

**** Indicates a Required Field for claim submission**

****Your Contact name and number**

**** Pieces/Items**

****Location of Freight**

****Is product still packaged for reshipment?** Yes or No

**** Was an exception noted on the delivery receipt at the time of delivery?** Yes or No

**** Stevens Order Number:**

Bill of Lading Number:

Pick Up Date:

Delivery Date:

Claim Information

Loss Damage Shortage Overage

Please submit any available documentation with completed form:

<input style="width: 90%;" type="text"/>	Bill of Lading	
<input style="width: 90%;" type="text"/>	Freight Bill	
<input style="width: 90%;" type="text"/>	Original Invoice	(to support the product value)
<input style="width: 90%;" type="text"/>	Inspection Report	(if applicable)
<input style="width: 90%;" type="text"/>	**Repair Invoice	(if applicable)
<input style="width: 90%;" type="text"/>	**Pictures	(if applicable)

Stevens Use:

RMA #	<input style="width: 85%;" type="text"/>
Load #	<input style="width: 85%;" type="text"/>
Claim #	<input style="width: 85%;" type="text"/>
Claim Amount	<input style="width: 85%;" type="text"/>