



# Bleached Paperboard Claim Form

---

---

**Contact Information:**

Date: \_\_\_\_\_

Customer: \_\_\_\_\_

Location: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Cell Phone/Pager: \_\_\_\_\_

---

---

**Order Information:**

PO# \_\_\_\_\_

GP Order # \_\_\_\_\_

Invoice # \_\_\_\_\_

Bill of Lading # \_\_\_\_\_

---

---

**Claim Information:**

Claim Number: \_\_\_\_\_

Gross Claim \$: \_\_\_\_\_

Less Scrap \$: \_\_\_\_\_

Net Claim \$: \_\_\_\_\_

Please attach an itemized list with a brief description of each charge if costs other than paperboard are included.

---

---

**Completely describe the defect or damage. (Attach additional pages or documentation as needed.)**

---

---

**Roll Numbers (Attach additional pages if needed.)**

---

---

**Requested product disposition:**