



Sutton Transport
 Attention: Freight Claims
 PO Box 378
 Schofield, WI 54476
 Phone: 715-359-5893
 Email: claims@suttontrans.com

Sutton Pro: _____
 Pick up date: _____
 Delivery date: _____

Claimant Information

Company	_____	Contact Name:	_____
Address	_____	Telephone:	_____
	_____	Fax:	_____
Claimant ID#	_____	Email:	_____

Shipment Information

Shipper:	_____	City & State:	_____
Consignee:	_____	City & State:	_____

Claim Information

Noted Damage *	_____	Damaged goods can be used for an allowance of:	_____
Concealed Damage *	_____	Damaged goods can be repaired for:	_____
Shortage *	_____	Damaged goods are available for carrier pickup:	_____
Other *	_____	Damaged goods are unavailable:	_____
		Total weight of damaged items:	_____

Detailed description of how claim amount has been determined. Please include quantity and description of articles, nature and extent of loss, invoice cost of articles, amount of claim, etc...

Total Claim Amount: _____

Supporting Documentation:

- | | |
|--|---|
| * Original Vendor Invoice showing the cost of the product (REQUIRED - This is not the invoice from Sutton Transport for the freight charges) | * Repair Invoice (if applicable) |
| | * Record of discounted sale (if applicable) |
| | * Inspection Report (if applicable) |
| | * Photographs (Please no adjustments) |

Claim Prepared by

_____	_____	_____	_____
Print Name	Signature	Email	Date