**Logistics Department**

**Loss and Damage Claims Procedure**

**CARRIER SALVAGE AUTHORIZATION**

|  |
| --- |
| General Information |
| Carrier Name: |  | Attention: |  |
| Address: |  |
| City: |  | State: |  | Zip: |  |
| Original Pro Number: |  | Our Claim Number: |  |
| Your Claim Number: |  |  |  |
|  |  |  |  |

Please use this authorization to salvage the damaged product, covered by the above Pro Number. As a part of the mitigation process, (Your Company Name) will file a freight claim for the invoice value of the product damaged.

**Product to Be Salvaged**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Quantity** | **Product Description** | **SKU** | **Weight** | **Cost Per Unit** | **Total Cost** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Total |  |  |  |  |  |

Please acknowledge receipt of these instructions and Authorization, in writing to the following.

If you have any questions or have any problems arranging for this pick up and/or salvage, please contact this writer:

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

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_