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**Logistics Department**

**Loss and Damage Claims Procedure**

**FACILITY DESTROY AUTHORIZATION**

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

Please use this authorization to destroy the damaged product covered by the above shipment information and PRO. Number.

**Product to Be Destroyed**

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

This is to certify that the damaged product listed above has been destroyed.

Per Facility Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Once shipment has been destroyed, please return the completed and signed form to this writer, so that we may update our claim file.

If you have any questions or have any problems arranging for the destruction of this, please contact this writer:

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

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