



Sutton Transport
 Attention: Freight Claims
 PO Box 378
 Schofield, WI 54476
 Phone: 715-359-5893
 Fax: 715-359-3062

Email: claims@suttontrans.com

Sutton Pro: _____	Internal Use:
Pick up date: _____	Claim ID: _____
Delivery date: _____	Date: _____

Claimant Information

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