SIEVERT® Delivery Claim Report BL-01

Please e-mail this form to your contact person at Sievert

Customer: *Fax Nr:*	*Claim No:* *Set by Sievert* *Date:*
Contact Person:	*Denomination:* *Part Nr:*
Delivery note No:	*Arrival date:* *Order Nr:*
Received qty:	*Delivered quantity according to delivery note:*
Outer Packing Damaged ☐ Undamaged ☐	*Cartons* Damaged ☐ Undamaged ☐

Description of the deviation

Signature customer _____ Signature Sievert _____

Answer from Kelkheim within 24 hours

Reason for deviation

Amount checked ☐ Picking List checked ☐ Shipped Weight _____

Claim accepted ☐ Claim Rejected ☐ Theoretical Weight _____

Reason for reject the claim

Sign by Kelkheim representative _____ Date _____