



Damaged Receipt Claim Form

We apologize that you received some of the titles on your order in less than satisfactory condition. In order to expedite your claim, please complete each of the following questions and return the form to Ralph Machado at ralphm25@ku.edu or fax to 785-864-4586.

1. What is the invoice number on the order: _____

2. Who is the person making the claim: Name _____
Title _____

3. Contact information: Phone _____ Email _____
Fax _____

4. List titles/ISBN's and quantities of damaged books:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5. Please select the description that best describes the damage:

- Bent Corner Torn Dust Jacket Smashed/Ripped Pages
- Shelfworn Sticker/Library Stamp Missing/Duplicate Pages
- Other, please describe: _____

6. Damage caused by: Packaging Transportation

7. What is your preferred settlement for the claim: Credit on the Account
 Replacement Copy

Thank you for submitting this information. Ralph will be in contact with you shortly with a response to your claim.