

Inventory Damage Claim Report

Store & Claim Information

Store Name

Report Date

Report Number

Contact Person

Contact Phone

Contact Email

Details of Damaged Goods

SKU / Item Code	Description	Quantity Damaged	Unit	Estimated Value	Damage Description
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Damage Incident Description

Describe the incident and how the damage occurred:

Action Taken

State actions taken after the damage was discovered:

Additional Notes

Optional

Prepared By

Name

Date

Signature

(or initial)