



CiF LABSOLUTIONS

CiF Shortage and Breakage Form

Complete this form and return with photos identifying product damage, and packing slip if possible.

Company Name:

Customer Name:

Address 1:

Address 2:

City / State / Zip:

Phone:

Email:

Project Information

CiF Project #:

CiF Project Manager:

Project Name:

Address 1:

Address 2:

City / State / Zip:

Delivery Date:

Load Number:

Please Sign and

Date Signature:

Date:

Print Name:

Return the completed and signed form to your assigned CiF Project Manager with proof of damage.