

Date _____ Invoice No. _____

Contact _____	Tel _____
Address _____	Fax _____
City _____	E-Mail _____
State _____	Web _____
Country _____	
Zip _____	

Please detail below all damages, the amount requested in compensation and attach a photo which clearly shows the defects.

Code	_____
Damage / Problem	_____
Unit Price	_____
Amount Requested	_____

