

Claim #: _____ Date: _____

LOCATION INFORMATION

	Name	Address	City, State, ZIP	Telephone
Distributor				
Retailer				
Installer				
Consumer				

Corksribas Invoice #:
 Date Installed:
 Date Retailer Inspected:
 Date of 3rd Party Inspection:

Product Name/Description (include width & color):
 Product Type (check one):
 Solid
 Engineered

Type of Subfloor:
 Heating/Cooling Type:
 Rooms Installed:

Job Size:
 Footage in Dispute:
 Grade Level:
 Flat within spec. of 3/16" per 8':
 Yes
 No

Amount of expansion space present:
 Flooring MC %:
 Sub-Flooring MC %:

What is the manufacturing defect?
 Recommended Solution:

REQUESTED COSTS

Material \$:
 Labor \$:
 Other \$:
 Total \$:

FOR INTERNAL USE

REQUESTED COSTS

Material \$:
 Labor \$:
 Other \$:
 Total \$:

Comments:

Approved/Turndown:
 Date:
 Credit Memo #: