Printing Claim Form#898

Date Submitted Date of Occurrence Submitted by Merchant Information **Printer Information** Merchant PO_____Printer____Job No___ Contact:______Mill Order____Contact_____Printer PO No.___ Phone No. _____Mill Invoice No. _____Phone No. _____ Merchant Invoice Merchant Merchant PO____ Paper Cut by Problem Discovered Paper Details Problem Description Picking □ Blistering ☐ At Printer ☐ Mill ☐ Merchant ☐ After Printing ☐ Job Completed □ Contamination □ Wrinkles Printer □ Bindery ☐ First Pass ☐ Job Pulled Piling ☐ Baggy Rolls ☐ Subsequent ☐ At End User Other: _____ ☐ Paper Replaced □ Surface □ Wavy Passes Was paper wrapped ☐ Paper Replacement □ Defects ☐ Mis-registration Paper Shipped: until printed? Grade: ☐ Mottle Other: Direct ☐ Merchant ☐ Yes ☐ No **Printing Details Printing Details Plant Details** Grade Size/Width Pressroom: □ Conventional □ Dry Offse Pkg/Skid/Roll No.____Quantity____ Climate Controlled ☐ Grain: Long or Short Weight Unprinted:_____Rain Printed:☐ Yes ☐ No Digitalt **¬** W/Turn Temp/Humidity □ UV □ Tumble Cartons □ Pkgs Skids ☐ Rolls: Storage: ☐ Other **¬** Sheetwise Climate Controlled Press Mfg/Model Size No. Units No. Colors Sequence Side 1: 1) ____ 2) ___ 3) ___ 4) ___ 5) ___ 6) ___ 7) ___ 8) ___ Temp/Humidity Sequence Side 2: 1)_____ 3)____ 4)____ 5)____ 6)____ 7)____ 8)____ ☐ Dry Weather ☐ Humid Weather No. of Passes Type of Blankets Speed IPH Speed FPM ☐ Extended Dry or Wet Ink Additives Fountain Solutions: pH/Conductivity Ink Tack Cost Associated with Claim: **Unit Cost Total Cost** Unit Cost **Total Cost** Quantity Quantity Lost Press Time _____ ------ Printed Stock ------ ---Make readies __ Unprinted Stock _____ ___ ___ ___ **Blankets** _____ Other **Plates** All claims must include a product label, sufficient evidence, and documentation with defects clearly identified. Please sign and submit to your Printing Claim for processing **Total Claim Amount** 24Hrs Manager Signature Signature