



Claim # \_\_\_\_\_

Claimant: \_\_\_\_\_

Claim date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Consignee: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Manna Airway Bill # \_\_\_\_\_ Ship Date \_\_\_\_\_

Total pcs & wt: \_\_ @ \_\_

Insurance Purchased: Y or N Amount: \_\_\_\_\_

Claim Amount: \$ \_\_\_\_\_ Description of damage: \_\_\_\_\_

Pieces and weight	Description	Amount
		\$
<b>Freight Charges</b>	<b>(Manna will complete)</b>	

\*Claim Total \_\_\_\_\_  
(Manna will complete)

Documents needed to process claim.  
(explain absence of any requested document)

- Certified copy of Invoice for lost/damaged goods
- Certified copy of any repair order
- Verification that items cannot be repaired.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Keep all packing material until claims has been completed.

Manna Distribution Services Claims Department  
Fax# 651-204-2867