**Loss and damage report**

(Operations and Logistics Department)

* **Page 1 to be filled out by customer, 1 report for each item**
* **Page 2 to be filled out by Logistics Department**
* **Report has to be delivered to logistics staff in Longyearbyen or Ny-Ålesund**

**Customer information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution** |  | **Project nr./reference** |  |
| **Department** |  | **Contact name** |  |
| **Address** |  | **Telephone number** |  |
| **Zip Code** |  | **E-mail address** |  |
| **City** |  |  |  |
| **Country** |  |  |  |

**Equipment information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Product number** | **Product name** | **Serial number** | **Delivery date** | **From storage** |
|  |  |  |  |  |

**Loss or damage information:**

|  |
| --- |
| **Description:** |
|  |
| **Date / Signature:**  |

**Operations and Logistics Departments proposal:**

|  |
| --- |
| **Description:** |
|  |
| **Shall customer pay for loss/damage? Yes** **No** |
| **Date/ Signature:** |

**Final decision:**

|  |
| --- |
| **Description:** |
|  |
| **Date/ Signature:** |