



PROTECTION

Laundry and Food Spoilage Claim Forms

Food Spoilage Claim Form

(Please Print and provide as much information as possible)

GSP ID/Contract Number: _____

Service Work Order Number: _____

Name: _____ Phone Number: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Product Brand & Model Number: _____

Spoiled Food Items

1. _____	\$ _____	21. _____	\$ _____
2. _____	\$ _____	22. _____	\$ _____
3. _____	\$ _____	23. _____	\$ _____
4. _____	\$ _____	24. _____	\$ _____
5. _____	\$ _____	25. _____	\$ _____
6. _____	\$ _____	26. _____	\$ _____
7. _____	\$ _____	27. _____	\$ _____
8. _____	\$ _____	28. _____	\$ _____
9. _____	\$ _____	29. _____	\$ _____
10. _____	\$ _____	30. _____	\$ _____
11. _____	\$ _____	31. _____	\$ _____
12. _____	\$ _____	32. _____	\$ _____
13. _____	\$ _____	33. _____	\$ _____
14. _____	\$ _____	34. _____	\$ _____
15. _____	\$ _____	35. _____	\$ _____
16. _____	\$ _____	36. _____	\$ _____
17. _____	\$ _____	37. _____	\$ _____
18. _____	\$ _____	38. _____	\$ _____
19. _____	\$ _____	39. _____	\$ _____
20. _____	\$ _____	40. _____	\$ _____

Grand Total \$ _____

Along with this form please include copies of the work order and original Best Buy sales receipt and either:

- Fax to: **952-430-7852**
- Email to: Reimbursement@bestbuy.com
- Or mail to:

BEST BUY

Attn: GSP Reimbursements - Floor C8

7601 Penn Ave South

Richfield, MN 55423



Laundry Credit Claim Form

(Please Print and provide as much information as possible)

Please note:

- Valid on laundry plans purchased between September 14, 2008 and July 5, 2014.
- The laundry product must be out for service for more than seven consecutive days in order to make a claim.

GSP ID/Contract Number: _____

Service Work Order Number: _____

Name: _____ Phone Number: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Product Brand & Model Number: _____

Cleaning Service Company used:

Cost of Services:

1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____
8. _____	\$ _____
9. _____	\$ _____
10. _____	\$ _____

Grand Total \$ _____

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