

## SPECIALTY FILM QUALITY DEFICIENCY REPORT

Customer Claim Reference / NCMR#:			Is this a revision of a previous claim:	
Customer Name:			Date:	
Purchase Order #:		Madico Order #:	Invoice #	
Sheets:	Quantity of Sl	neets:		
	Total Defective Quantity in sq	uare feet or square meters:		
	Control Numbers			
	Lot/Roll Numbers			
Rolls:	Quantity of Ro	olls:		
	Total Defective Quantity in sq	uare feet or square meters:		
	Control Numbers			
	Lot/Roll Numbers			
	****Detailed lot inf	ormation is mandatory. Claims m	issing this information will be rejected and credit will be denied.	
Do you	require an 8D corrective action	-		
Suspected Defect / Explanation of Deficiency / Additional Notes:				
	(pleas	e tell us more about the su	spected defect here)	

## PLEASE SEND PICTURES OF THE DEFECT WITH THIS REPORT.

To attach a picture directly to this claim, click the small paperclip icon under "attachments", select your picture file and hit "open".