



Rejected Material Claim Form

Claim Information

Customer Name _____	Invoice Date _____
Invoice # _____	Customer PO # _____
Alloy & Temper _____	Shipped Weight _____
Gauge & Width _____	Rejected Weight _____
Sales Order # _____	Customer Claim # _____
Master Coil # / Skid Tag # _____	Scrap Local Rate/lb _____
Remake Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Product Location _____
If Yes, list weight _____ (can't exceed rejected weight)	Product Type (at time of rejection) <input type="checkbox"/> Sheet <input type="checkbox"/> Coil <input type="checkbox"/> Circles
	Damage Location <input type="checkbox"/> Head <input type="checkbox"/> Tail <input type="checkbox"/> Throughout

Rejection Reason (Explain below)

Please submit samples of defective aluminum (minimum size 8" x 11" - grain the long way) and submit high resolution digital photographs within 30 days to:

Submit this completed form and all claim correspondence to:

claims@skanaaluminum.com

Skana Aluminum Company
2009 Mirro Drive - PO Box 1477
Manitowoc, WI 54221

Submitted By _____
Phone _____
Date Submitted _____

Upon examination of samples you will be contacted by a Skana Representative regarding disposition of aluminum and any credit due.

For Skana Aluminum Company's Use Only

Skana Claim # _____	Product Origin <input type="checkbox"/> WI <input type="checkbox"/> WV
Disposition: _____	Date Authorized _____

Authorized Signature _____

Return Material Authorization (RMA) Requirements

An RMA will be issued for material requiring shipment back to Skana Aluminum Company. All shipping correspondence must include the Skana Claim #. All returned material must be on a skid, banded and wrapped to avoid exposure to the environment and protection from further damage during transportation.