



Claim protocol No.: [ ]

Supplier:  
VS-mont, spol. s r.o.  
Panština 1030  
020 55 Lazy pod Makytou  
Contact person:  
[ ]

Buyer: [ ]  
Contact person: [ ]

Claim No.:	Dated:
Order No.:	Dated:
Invoice No.:	Dated:

Product: [ ]

Production No.: [ ]

Description of the defect:  
[ ]

PHOTOS  
YES   
NO

Immediate action: [ ]

Material provided by the supplier

Works done:  
[ ]

Accepted	Not accepted
[ ]	[ ]

Works were done by: [ ]

Reasons of the defects:  
[ ]

Remedies for the future:  
[ ]

Decided by: [ ]  
Date: [ ]

**Claim cost**  
Material: [ ]  
Work: [ ]  
Travel costs: [ ]  
TOTAL: [ ]

**Claim costs bears in amount:**  
Supplier: [ ]  
Buyer: [ ]

For the supplier:  
[ ]

For the buyer:  
[ ]

Date: [ ]

Date: [ ]

\* - delete one alternative