

## Store Operator Adjustment Report

It is store operator's responsibility to ensure the form is complete and accurate and submitted to the LCBO via email to [wholesalereturns@lcbo.com](mailto:wholesalereturns@lcbo.com) within 72 hours of delivery. A signed Bill of Lading (BOL) must accompany each claim and, if requested, pictures.

STORE OPERATOR NAME		SEAL NUMBER		DATE PREPARED MM/DD/YYYY / /		GOODS RECEIVED DATE MM/DD/YYYY / /	
1 <sup>ST</sup> DROP STORE Yes                      No		SEAL INTACT Yes                      No		CONTACT NAME		TELEPHONE NUMBER	
STORE OPERATOR NUMBER		BOL NUMBER		ADDRESS			
CARRIER NAME		FROZEN LOAD Yes                      No		EMAIL			

LCBO ITEM NO.	PRODUCT DESCRIPTION	PURCHASE ORDER NO.	CLAIM CATEGORY	ITEM RECEIVED	UNITS CLAIMED	UNIT PRICE	TOTAL CLAIM	SKIDS TIED	CASE POSITION ON SKID	CASE SEALED	BREAKAGE TYPE	BREAKAGE LOCATION	DRIVER AGREE?
<b>TOTAL CLAIM QTY (Units)</b>													
<b>TOTAL RETAIL VALUE OF CLAIM</b>													

DRIVER'S REMARKS	STORE OPERATOR REMARKS
DRIVER SIGNATURE / DATE:	STORE OPERATOR SIGNATURE / DATE:

LCBO USE ONLY					
Approved by:	Date:	Reference Number:	Declined by:	Date:	Reason: