



CLAIM FORM

Email to:

South Burlington: flowersbtv@gmfsi.com

Middlesex: flowersmdx@gmfsi.com

Date Received	
Invoice Number	
Product	
Quantity in Stems	
Explanation of reason for claim	
Total dollar amount requested	
Steps already taken to process this claim	<input type="radio"/> Email sent <input type="radio"/> Photos sent <input type="radio"/> Product returned