



Warranty Parts & Service Claim Report

Inv# _____

Date _____

Auth # _____

<u>Manufacturer</u>
The Delfield Company
980 S Isabella Rd
Mt Pleasant, MI 48858

<u>Service Agent</u>
Name _____
Address _____
City, State Zip _____

Customer _____

Address _____

City _____ State _____ Zip _____

Date/Time Call Taken _____ Date/Time Completed _____

Service Requested By _____

Model _____ Serial _____

End User Complaint _____

Leak Location (if applicable) _____

Technician Failure Diagnosis _____

Corrective Action (Describe as fully as possible) _____

<u>(A) Labor & Travel</u>				
1. Trips	# trips	_____		
2. Labor:	Hours	_____	Rate/Hr \$ _____	Amount \$ _____
3. Travel:	Hours	_____	Rate/Hr \$ _____	Amount \$ _____
4. Transportation	Miles	_____	Rate \$ _____	Amount \$ _____
Total (Items 2, 3, 4) \$ _____				→\$ _____ (A)

<u>(B) Parts</u>				RMA# MJ _____
Qty	Part Number	Description	Net Price	Extended Price
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
Subtotal (Parts) \$ _____				
10% Handling (max \$50) \$ _____				
Total (Parts) \$ _____				→\$ _____ (B)

_____	Grand Total (A, B) \$ _____
Customer's Signature	