

Manitowoc Foodservice- Walkins/Refrigeration Claim Form
 Completion of this form is required for processing service claims.
Service Company's Invoice Number _____



Date Failed _____ Date Repaired _____ Telephone: 1-800-225-9916
 Fax: 731-847-5389

Service Company Information

Name _____
 Address _____
 Phone/Fax Number _____
 Email _____
 Email: kpr-warranty@manitowoc.com

Equipment Location

Name _____
 Address _____
 Phone/Fax Number _____
 *Include a completed W-9, if not a contracted Manitowoc CSR
 *All claims must be received within 60 days of service.

Information for Equipment Repaired

Model Number _____ Install Date _____
 Walk-In Serial Number _____
 Condensing Unit Serial Number _____
 Evaporator Serial Number _____
 Compressor Serial Number (if compressor was replaced or repaired) _____

Reported Complaint:

Symptoms and/or summary of diagnosis: (Do not use general terms such as bad, defective, faulty, etc)

Description of Repair: (List hours and explanation for each repair made. Give exact location of any leaks)

Labor

Total Hours _____ Labor Rate _____ Total Labor Charge _____

Travel

Hours or Miles _____ Rate _____ Total Travel Charge _____

Refrigerant

Type _____ Pounds _____ Price per Pound _____
 Refrigerant Total: _____

Parts

Description	Quantity	Charge	_____
Description	Quantity	Charge	_____
Description	Quantity	Charge	_____
Description	Quantity	Charge	_____

Include a copy of the purchasing part invoice for all parts replaced.

Miscellaneous fees (up to \$100):

Description	Quantity	Charge	_____
Description	Quantity	Charge	_____
Description	Quantity	Charge	_____

Sales Tax (if applicable) :Include rate & total:

Authorization Number (if applicable): _____ **Total Charges:** _____