



MBE WARRANTY LABOR & PARTS CLAIM FORM

Date Svc. Call Recvd: _____ Date Repaired: _____ Service Company Invoice #: _____
 Date Given to Dist: _____ Date Received by Dist.: _____ Distributor's Invoice #: _____

	Model Number	Serial Number	Original Install Date
Equipment			
	Distributor	Service Company	Equipment Location
Company Name			
Address			
City			
State			
Zip			
Telephone No.			
Contact Name			
Customer Number			

Repair(s) Made / Explanation of service performed	Hours on Job	MBE use only

PARTS SUMMARY (Parts credit issued after parts are returned). List all Part(s) replaced

MBE Part #	Description	MBE use only

Part Credit Memo# _____ **PARTS TOTAL \$** _____

Warranty Code _____ Date _____

LABOR WARRANTY CLAIM	CLAIM	MBE use only
Total Hours Allowed: _____ X Rate Per Hour: \$ _____ = Labor Charges _____		
Added Refrigerant - MAXIMUM ALLOWANCE IS NORMAL SYSTEM CHARGE Refrigerant Type _____ : _____ lbs, X \$ _____ / lbs		
Recovery Unit Make, Model, & Serial Number (if applicable) _____		
MBE Pre-Authorized # _____ <small>(Provided by MBE Factory Service Department Only Must have for pre-authorized work, NO EXCEPTIONS)</small>		
Tax Rate (if applicable) _____		

Signatures Required (or attach service company's original invoice with signatures) **LABOR CLAIM TOTAL** _____

Customer Signature _____ Date _____ Service Technician _____ Date _____

MBE use only

LABOR CLAIM IS VALID ONLY IF PARTS AND SERVICE INVOICE ARE RETURNED WITH CLAIM AND ARE DEFECTIVE

Explanation of Claim Adjustment:
