



Warranty Claim Worksheet

Company Name:		
Contact:		
Address:		
City:	State:	Zip:
Serial Number:	Case Number:	Date Filed:
Initial Symptom:		
Work Performed:		
Diagnosis:	Diagnosis Time:	Rate Charge:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
Repair / Travel:	Labor Repair Time:	Rate Charge:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
TOTAL	_____	_____
Parts Used:	Quantity:	Cost:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
TOTAL	_____	_____
Total Amount Claimed \$		_____