



Warranty Parts & Service Claim Report

Inv# _____

Date _____

Auth # _____

Manufacturer
 The Delfield Company
 980 S Isabella Rd
 Mt Pleasant, MI 48858

Service Agent
 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) _____

(A) Labor & Travel

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)

(B) Parts RMA# MJ _____

Qty	Part Number	Description	Net Price	Extended Price
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
			Subtotal (Parts) \$ _____	
			10% Handling (max \$50) \$ _____	
			Total (Parts) \$ _____	→\$ _____ (B)

Customer's Signature _____

Grand Total (A, B) \$ _____