



FIELD REPAIR FACT SHEET

	OFFICE USE ONLY
LABOR CLAIM #	
MATERIAL CLAIM #	
BUTCHER INVOICE #	

INFORMATION	OWNER	SERVICER
NAME		
ADDRESS		
CITY-STATE-ZIP		

Repaired Product Information

MODEL #: _____	INSTALLATION DATE: _____
SERIAL #: _____	FAILURE DATE: _____

Associated Equipment Information

Condensing Unit	Air Handler	Coil (if applicable)
MODEL #: _____	MODEL #: _____	MODEL #: _____
SERIAL #: _____	SERIAL #: _____	SERIAL #: _____

Labor / Refrigerant

HOURLY RATE _____	X	80%	X	HOURS WORKED _____	=	TOTAL LABOR: _____
				REFRIGERANT (lbs) _____	X	\$8.00 = TOTAL REFRIGERANT: _____
						TOTAL AMT DUE: _____

NOTE: All claims are subject to factory review; actual amount paid will be determined by factory.

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FACTORY APPROVED AMT:	

In the space below, please provide description of failure, work performed, and materials used (including part numbers):

DEALER SIGNATURE _____	DATE _____
BUTCHER REPRESENTATIVE _____	DATE _____

Form must be completed in its ENTIRETY to be eligible for credit.