



Field Repair Fact Sheet

Butcher Invoice #: _____

WCR Confirmation #: _____

<u>Owner</u>	<u>Service</u>
Name _____	Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Phone No. _____	Phone No. _____

<u>Repaired Product Information</u>			
Model No. _____	_____	Start Date _____	_____
Serial No. _____	_____	Fail Date _____	_____

<u>Associated Equipment</u>					
<u>Outdoor</u>		<u>Indoor</u>		<u>Accessory</u>	
M/N _____	_____	M/N _____	_____	M/N _____	_____
S/N _____	_____	S/N _____	_____	S/N _____	_____

<u>Labor / Refrigerant</u>					
LABOR	\$ _____ /hr	x	_____ hr(s)	= TOTAL LABOR	\$ _____
REFRIGERANT	\$19.00/lb	x	_____ lb(s)	= TOTAL REFRIGERANT	\$ _____
					= TOTAL AMOUNT REQUESTED \$ _____
					FACTORY APPROVED AMOUNT
					\$ _____

Please provide description of failure, work performed, and materials used (including part numbers).

DEALER SIGNATURE _____

DATE _____

F.S.R. SIGNATURE _____

DATE _____

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