



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 (R410A)				
	\$35.00/lb (R454B)	x	_____ lb(s)	= TOTAL REFRIGERANT	\$ _____
					= TOTAL AMOUNT REQUESTED \$ _____

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

DEALER SIGNATURE _____

DATE _____

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