

Ice-O-Matic[®]

WARRANTY CLAIM WORKSHEET, please send to this form to the Distributor

Service Invoice Number: _____ ICE-O-Matic Distributor: _____

Service Name: _____ Distributor Acct Number: _____

Service FAST Number: _____

Customer Information:

Contact Last Name: _____ Contact First Name: _____

Equipment Owner / Company Name: _____

Equipment Location (Address): _____

City, State, Zip Code: _____

Warranty Work Details:

Ice Machine Model Number: _____ Ice Machine Serial Number: _____

Installation Date: ____ / ____ / ____

Customer Complaint / Customer Request: _____

Date Call Received: ____ / ____ / ____ Date Repaired: ____ / ____ / ____

Service Performed: _____

Special Authorization Details:

Special Authorization Number: _____

Authorizing Party: _____ Date of Authorization: ____ / ____ / ____

Labor Hours Details:

Total Labor Hours Requested: _____ Total Travel Hours Requested (1/2 hour max): _____

Part(s) Detail (remember, refrigerant is entered as a part number. Please provide refrigerant amount in ounces):

Part Quantity	Part Number	Part Description	Labor Hours

Labor Amount Detail:

Labor Amount Requested (in dollars): \$ _____

Travel Amount Requested (in dollars): \$ _____

Miscellaneous Amount Requested (warranty allows \$15 on refrigeration repairs): \$ _____

Recovery/Recycle Requested (\$15 for air & water cooled units, \$25 for remote): \$ _____

Total Amount Requested (in dollars): \$ _____

For Distributor Use Only:

Claim Entry Date: ____ / ____ / ____ Claim Submittal Date: ____ / ____ / ____

Claim Entered By: _____

ServiceBench Assigned Claim Number: _____