



WARRANTY CLAIM FORM

CLAIM #: _____

Customer: _____

Claim Type: PDI PSB# VON# Warranty x

Authorization # _____

Body # _____ Stock # _____ VIN # _____ Mileage _____

In-Service Date: _____ Repair Date: _____ Failure Date: _____

R/O Number: P.O. #: _____ W/O #: _____ CM/PT _____ CM/LBR _____

PARTS		Indicate parts return here X				
Qty.	Part Number	DESCRIPTION				
TOTAL →						

PROBLEM
CAUSE:
CORRECTION:

FLAT RATE NUMBER	HOURS	COST		COST
			TOTAL PARTS	
			PARTS ALLOWANCE	
			TOTAL	