



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

Servicer Invoice Number: \_\_\_\_\_ ICE-O-Matic Distributor: \_\_\_\_\_

Servicer Name: \_\_\_\_\_ Distributor Acct Number: \_\_\_\_\_

Servicer 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: \_\_\_\_\_