



## Analysis/Labor Claim Form

Please select:    **Labor Claim**                      **Warranty Analysis Only**                      **Freight Claim**

<b>Account#</b>		<b>Account Name</b>	
<b>Servicing DC Name</b>		<b>Contact Person</b>	
<b>RGN#</b>	<b>Phone#</b>	<b>Email</b>	
<b>Address</b>			
Street		<b>City</b>	<b>State</b>
Zip Code			

**Vehicle Information – Please fill out as much as known**

<b>Year</b>	<b>2 Wheel Drive</b>
<b>Make</b>	<b>4 Wheel Drive</b>
<b>Model</b>	<b>Manual Transmission</b>
<b>Engine</b>	<b>Automatic Transmission</b>
<b>Mileage</b>	
<b>Defective Part#</b>	<b>QTY</b>
<b>Date Installed</b>	<b>Date Removed</b>
<b>Mileage at Install</b>	<b>Mileage at Removal</b>

**Labor Summary**  
**Customer Labor Rate**  
**Labor Time Required**  
**Total Labor \$ Requested**

**Original Sales Invoice Enclosed**

**Original Repair Bill Enclosed**

**Description of Problem-Include symptoms and any diagnosis performed to determine defect.**

**Replacement Sales Invoice Enclosed**

**Replacement Repair Bill Enclosed**