

**MANITOWOC**  
**ATTN: Claims Processing**  
 P.O. BOX 1720, Manitowoc, WI  
 54221-1720 Telephone: (800) 545-5720  
 Fax: (800) 235-9695 iceclaims@welbilt.com

**WARRANTY LABOR CLAIM**

**OPTIONAL REF NO.** \_\_\_\_\_

Service's Invoice Number \_\_\_\_\_

Date Failed \_\_\_\_\_ Date Form Completed \_\_\_\_\_ Date Repaired \_\_\_\_\_

<b>Important:</b> Serial numbers of ALL products serviced required	Model No.	Serial No.	Install Date
Ice Machine			
Related system components (bin, condenser, dispenser, AuCs)			

DISTRIBUTOR	SERVICE COMPANY	CUSTOMER
Company Name	Company Name	Name
Address	Address	Address
City, State, Zip	City, State, Zip	City, State, Zip
Area Code & Telephone No.	Area Code & Telephone No.	Area Code & Telephone No.
	Did you sell this equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO Is this equipment leased by you? <input type="checkbox"/> YES <input type="checkbox"/> NO	Customer location is required for all claims, including leased equipment

Reported Complaint \_\_\_\_\_

**Service Performed** (Symptoms and/or summary of diagnosis made is required. List hours and explanation for each repair made. Give exact location of any leaks.)

	Hours

See reverse side for "WARRANTY SERVICE GUIDE" (Submit in U.S. Dollars only)

Total hours \_\_\_\_\_ X Labor rate per hour \_\_\_\_\_ = **LABOR CHARGES** U.S. \$ \_\_\_\_\_  
 (If applicable: State the reason why you **did not** reuse remote refrigerant charge) \_\_\_\_\_  
 Type of Refrigerant used \_\_\_\_\_ Amount of refrigerant used \_\_\_\_\_ X Refrigerant Allowance \_\_\_\_\_ U.S. \$ \_\_\_\_\_  
 Miscellaneous material up to \$40.00 for repairs requiring opening of refrigeration system (includes brazing supplies, vacuum pump, recover equipment, etc.) = **MISCELLANEOUS** U.S. \$ \_\_\_\_\_  
 SPECIAL AUTHORIZATION number \_\_\_\_\_ **TAX** (if applicable) \_\_\_\_\_% U.S. \$ \_\_\_\_\_  
 (Contact Factory for authorization number ONLY when outside warranty guidelines on back of form) **INVOICE TOTAL CHARGE** U.S. \$ \_\_\_\_\_

List All Parts Replaced			Shaded Area for Factory Use ONLY		
All warranty parts, including driers, are to be obtained from and returned to the Manitowoc Distributor.			Account	Code Description	Dollar Amount
List Manitowoc Part Numbers Replaced	Manitowoc Return Material Tag Number	Description of Part			
			Approved by	Date	

**Signatures Required** (or attach service's original invoice with signatures)

**CUSTOMER OR LESSEE SIGNATURE** \_\_\_\_\_

**SERVICE TECHNICIAN SIGNATURE** \_\_\_\_\_  
 (Technician making refrigeration system repairs must be certified per EPA requirements)

Date signed \_\_\_\_\_ Date signed \_\_\_\_\_