

Recipient:

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Claim-No.:

Applicant:

Customer number

Company

Person in charge

Phone, E-mail or fax

End user

General information:

Attachment type

Serial number

Delivered on

Date of failure

Date of return

Carrier device

Application

Operating pressure

Repaired on & by

Complaint:

Complaint:

Statement of costs:

Labor time:

USD / h

Travel time:

USD / h

Travel expenses:

USD / mile

Labor costs total USD:

Repair material:

Repair materials were purchased from

Invoice number of the repair materials

Item number:

Description:

Quantity:



Warranty claim

Repair material continued:

[illegible]

Note:

Place:

Date:

Signature: