

# WARRANTY CLAIM FORM

All fields must be completed or claim will be denied

 Date: 

 Warranty Claim No. 

<b>Customer/Dealer Information</b>					
Name:					
Address:					
City:		St:		Zip:	
Phone:		Fax:			
Applicant:		Signature:			
Manager:		Signature:			

<b>Machine Information</b>					
Product:		Model:			
Serial#		Hours:			
Date of Commissioning		Report Date:			
Description of failure:					

LABOR							
Date From / to	Travel From/to	Mileage	Labor	Lodge	Meal	Others	Cost
							\$
							\$

PARTS				
Qty	Part number	Description	Invoice #	Cost
				\$
				\$
				\$

Total labor cost of repairs work only:		Labor Cost	\$
Total cost of part(s) used in repairing unit:		Parts Cost	\$
Total amount claimed, parts and labor combined:		Total Cost	\$

 Please Submit to: [warranty@sanyamerica.com](mailto:warranty@sanyamerica.com)

Service Manager:		Comments:	
Service & Parts Dept.:		Comments:	
Financial Dept.:		Comments:	

Presidents office use only					
Claim Approved	<input type="checkbox"/>	Not Approved	<input type="checkbox"/>	President approval:	
Comments:					