



IMPORTANT NOTE: Our reimbursement process requires pre-approval. Please fill out this form in full and submit before performing any work. Requests for reimbursement that have not been pre-approved, will not be processed. Thank you.

Company Name: _____

Company Contact: _____ Contact Phone #: _____

Purchase Information:

Customer Order #: _____ Order #: _____

Date: _____

Shipped To Address: _____

PARTS	PARTS QTY	PARTS PRICE	LABOR	LABOR PRICE	TOTAL COST

Detailed Issue Description:

(Please attach any additional information / backup behind this form when sending)

For Company Use: _____

Dollar Amount Approved: \$ _____

Approved By: _____

Date: _____

Failure to complete this form may result in no reimbursement - Please contact us if you require assistance.