

# Request for Over-the-Counter Part Warranty

**Customer Name:** \_\_\_\_\_ **VIN:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Original Part

- Attach Original Parts Invoice: **Invoice #** \_\_\_\_\_ **Date** \_\_\_\_\_
- Attach Original Repair Order from Installation: **RO #** \_\_\_\_\_ **Date** \_\_\_\_\_ **Mileage** \_\_\_\_\_
- Defective Part Returned

## Warranty Part

- Attach Warranty Parts Invoice: **Invoice #** \_\_\_\_\_ **Warranty Date** \_\_\_\_\_ **Warranty Mileage** \_\_\_\_\_
- Attach Warranty Repair Order from re-installation: **RO #** \_\_\_\_\_ **Re-Installation Date** \_\_\_\_\_

## Concern with vehicle

What is the diagnosis that identified the part as the cause of the concern?

## Labor Reimbursement (when requested by Fleet or Installer account):

- Attach Copy of Labor Diagnostic Steps from Repair Order
- Attach Copy of Labor Time Documentation from Fleet or Installer to indicate time required and hourly cost of labor. Use section below to explain labor request. (Note: Labor Cost is limited to \$150/repair):

Cost of Labor/Hour \_\_\_\_\_ Hours Requested per Published Manual \_\_\_\_\_ Total Labor \$ \_\_\_\_\_

## Credit Memo Issued

- Attach Copy of Credit Memo: **Invoice #** \_\_\_\_\_ **Amount \$** \_\_\_\_\_ **Date** \_\_\_\_\_

## Approval to process Service Part Warranty Claim

Employee Who Warrantied & Inspected Part: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

