

PLEASE COMPLETE FORM AND MAIL TO:
 101 BOYCE RD.
 BROUSSARD, LA 70518

OR FAX TO TIFFAN'S ATTN:
 337.839.2165



FIELD REPAIR FACT SHEET

	OFFICE USE ONLY
LABOR CLAIM #	
MATERIAL CLAIM #	
BUTCHER INV #	

INFORMATION	OWNER	SERVICER
NAME		
ADDRESS		
CITY-STATE-ZIP		

Repaired Product Information

MODEL #: _____	INSTALLATION DATE: _____
SERIAL #: _____	FAILURE DATE: _____

Associated Equipment Information

Condensing Unit	Air Handler	Coil (If Applicable)
MODEL# _____	MODEL#: _____	MODEL #: _____
SERIAL # _____	SERIAL #: _____	SERIAL #: _____

Labor / Refrigerant

HOURLY RATE _____ 80% X HOURS WORKED _____ = TOTAL LABOR: _____
REFRIGERANT (lbs) ____ X \$8.00 = TOTAL REFRIGERANT: _____
TOTAL AMT DUE: _____

	OFFICE USE ONLY
FACTORY APPROVED AMT:	

Please note: All claims are subject to factory review. Actual amount paid will be determined by factory.

In the space below, please provide description of failure, work performed and materials used (including part numbers).

See your Territory Manager for warranty Labor Guideline Information

DEALER SIGNATURE _____	DATE: _____
BUTCHER REPRESENTATIVE _____	DATE: _____

Form must be completed in its ENTIRETY to be eligible for credit