



GENERATOR WARRANTY SERVICE REPORT FORM

GENERATOR OWNER

NAME _____

ADDRESS _____

SERVICE SHOP PERFORMING WORK

NAME _____

ADDRESS _____

PHONE _____

DATE OF PURCHASE _____ DATE OF FAILURE _____

CAUSE OF FAILURE _____

DATE	CUST#
CASE	RMA #

GENERATOR APPLICATION

COMMERCIAL CONSTRUCTION

RESIDENTIAL RENTAL

OTHER _____

MODEL _____ DATE _____

SERIAL# _____ CODE _____

GENERATOR HOURS _____

M-SPEC# _____ JOB # _____

SERVICE REPORT # _____

PARTS AND LABOR CHARGES

REQUESTED					ALLOWED		
PART #	QTY	DESCRIPTION	EACH	TOTAL	QTY	EACH	TOTAL
FREIGHT							
LABOR _____ HOURS @ \$ _____ TOTAL _____					HRS @ \$ _____		
MILEAGE _____ MILES @ \$ _____ TOTAL _____					MI @ \$ _____		
TOTAL CLAIM					TOTAL CREDIT		

WORK PERFORMED: _____

SUBMITTED BY _____

SIGNATURE

TITLE _____

PLEASE CREDIT ACCOUNT

PLEASE ISSUE CHECK

MAIL TO: WINCO, INC., SERVICE DEPARTMENT, 225 SOUTH CORDOVA, LE CENTER MN 56057
 FAX TO 507-357-4857 OR EMAIL TO: service@wincogen.com

1-507-357-6831