

Warranty Service Invoice/Claim



Driven by performance

Important: Claims must be filed within 30 days of repair date for warranty invoice evaluation and payment determination. Please call 800-468-2321 ext. 1 with any questions. Submit *completed* form to:

Fax: 717-755-8304 • Email: Christi.Fortenberry@us.mahle.com • Mail: RTI, PO Box 3099, York, PA 17402

Repair Date:

Authorization #:

Invoice#:

1. Customer Information (End User)		2. Service Center Information: Acct.#	
Business Name:		Business Name:	
Address:		Contact:	
City, State, Zip:		Address:	
Email:		City, State, Zip:	
Phone:	Fax:	Phone:	
Contact Person:		Email:	
Equipment has been repaired to my satisfaction. Customer Signature:		Service Performed by:	
		Signature:	

3. Equipment Information – Model #: _____ Serial #: _____ Failure Date: _____

4. Customer Complaint:

5. Description of Issues Found:

6. Possible Cause of Failure:

7. Work Performed:	Service ID Number:
_____	_____
How was repair verified?	_____

8. Parts Used From Your Inventory			
RTI Part #	Qty.	Description	Cost

9. Parts Sent From RTI		
RTI Part #	Qty.	Description

<p>10.</p> <p>Total Labor Hours: _____ * \$ _____ = _____</p> <p>Mileage: _____ * \$ _____ = _____</p> <p>or</p> <p>Shipping: _____ = _____</p> <p>Tax: _____ = _____</p> <p>Parts: _____ \$ _____ = _____</p> <p>Total Invoice \$ _____ = _____</p>	<p>11.</p> <p>RMA #: _____</p> <p>Date Sent: _____</p> <p>Tracking #: _____</p>
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Approved by: _____ Approved by: _____

