SEND TO:
ESTIMATICS UNIT - _____

Fax Phone: _____

SUPPLEMENT REQUEST

Office Phone:

REQUESTING SHOP INFORMATION	VEHICLE INFORMATION
Shop Name: _____	Claim Number: _____
Shop Address/Location: _____	Owner Name: _____
_____	Vehicle year: _____ Make: _____ Model: _____
Phone #: _____	Original Estimator: _____
Fax #: _____	Date of Original Estimate: _____
Contact Person: _____	

Is vehicle ready for inspection? ☐ Yes ☐ No

SUPPLEMENT INFORMATION

REPAIR	REPLACE	DESCRIPTION	PRICE	LABOR HRS	REF HRS	PAINT & MAT'L

ITEMS NOT NEEDED

REPAIR	REPLACE	DESCRIPTION	PRICE	LABOR HRS	REF HRS	PAINT & MAT'L

Comments / Approval:

_____
_____
_____
_____

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