MANITOWOC ICE
ATTN: Claims Processing
P.O. BOX 1720, Manitowoc, WI 54221-1720
Telephone: (800) 545-5720 Fax: (800) 235-9695
iceclaims@mtwfs.com

WARRANTY LABOR CLAIM

OPTIONAL REF NO. _____

Servicer's Invoice Number _____

Date Failed _____ Date Form Completed _____ Date Repaired _____

Important: Serial numbers of ALL products serviced required	Model No.	Serial No.	Install Date
Ice Machine			
Related system components (bin, condenser, dispenser, AuCs)			

DISTRIBUTOR	SERVICE COMPANY	CUSTOMER
Company Name	Company Name	Name
Address	Address	Address
City, State, Zip	City, State, Zip	City, State, Zip
Area Code & Telephone No.	Area Code & Telephone No.	Area Code & Telephone No.
	Did you sell this equipment ? ☐ YES ☐ NO *Is this equipment leased by you?* ☐ YES ☐ NO	*Customer location is required for all claims, including leased equipment*

Reported Complaint

Service Performed **(Symptoms and/or summary of diagnosis made is required. List hours and explanation for each repair made. Give exact location of any leaks.)**

	Hours

See reverse side for "WARRANTY SERVICE GUIDE" *(Submit in U.S. Dollars only)*

Total hours 0 X Labor rate per hour ____ = **LABOR CHARGES** U.S. $ $ 0.00

(If applicable: State the reason why you **did not** reuse remote refrigerant charge) _____

Type of Refrigerant used ____ Amount of refrigerant used ____ X Refrigerant Allowance ____ U.S. $ $ 0.00

Miscellaneous material up to $40.00 for repairs requiring opening of refrigeration system (includes brazing supplies, vacuum pump, recover equipment, etc.) = **MISCELLANEOUS** U.S. $ $ 0.00

SPECIAL AUTHORIZATION number ____ **TAX** (if applicable) ____% U.S. $ $ 0.00

(Contact Factory for authorization number ONLY when outside warranty guidelines on back of form) **INVOICE TOTAL CHARGE** U.S. $ $ 0.00

List All Parts Replaced All warranty parts, including driers, are to be obtained from and returned to the Manitowoc Distributor.			**Shaded Area for Factory Use ONLY**		
List Manitowoc Part Numbers Replaced	Manitowoc Return Material Tag Number	Description of Part	Account	Code Description	Dollar Amount
			Approved by		Date

Signatures Required (or attach servicer's original invoice with signatures)

CUSTOMER OR LESSEE SIGNATURE

SERVICE TECHNICIAN SIGNATURE
(Technician making refrigeration system repairs must be certified per EPA requirements)

Date signed _____ ***Date signed*** _____