Field Repair Invoice - Labor

TRANE
It's Hard To Stop A Trane.®

MUST BE SUBMITTED WITHIN **20 DAYS** OF SERVICE DATE
OR CLAIM MAY BE REJECTED

CUSTOMER INVOICE/REFERENCE NUMBER

Claim Data

HEADER INFORMATION

CLAIM TYPE – (CHECK ONE)

- ☐ CONCESSION (Labor only)
- ☐ RETROFIT LABOR (Retrofit Bulletin)
- ☐ SPD (1ST 60 DAYS COMPRESSOR LABOR ALLOWANCE OR REFRIGERANT LEAK ALLOWANCE) ____

DEALER ID# (Hunton Group Customer Account Number)	DEALER INFORMATION	CUSTOMER INFORMATION
	Name	Name
	Address	Address
	City / State / Zip	City / State / Zip
Hunton Distribution (Distributor Name)		
	Telephone Number	
Houston, TX (Distributor Location)	Technician Name	
	SIGNATURE / DATE	

COMMENTS (Describe work performed, reasons for consideration for amount requested)

PRODUCT INFORMATION

SERIAL#	MODEL#	START DATE	FAIL DATE	REQUESTED $

SUBLET INFORMATION

REFRIGERANT (LBS)	REFRIGERANT $ (Dealer cost - attach copy of purchase invoice)

***Please return form to Technical Administrator within **20 days** of service to: lsimmons@huntongroup.com or fax to 832-747-2076 Attn: Lee Anne Simmons or mail to:**
Hunton Distribution - Attn: Lee Anne Simmons
16335 Central Greens Blvd.
Houston, TX 77032

Hunton Distribution