



# Field Repair Invoice - Labor

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) <input type="text"/>  Hunton Distribution <small>Distributor Name</small> Houston, TX <small>Distributor Location</small>	DEALER INFORMATION			CUSTOMER INFORMATION		
	Name			Name		
	Address			Address		
	City	State	Zip	City	State	Zip
	Telephone Number			Telephone Number		
	Technician Name			SIGNATURE / DATE		

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

## PRODUCT INFORMATION

SERIAL#	MODEL#	START DATE	FAIL/REPAIR DATE	REQUESTED LABOR \$

## SUBLET INFORMATION

REFRIGERANT (LBS)	REFRIGERANT \$ Dealer Cost ( <i>Copy of purchase invoice required!</i> )
<b>Total \$ Amount Requested</b>	

\*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



**\*\*Note: Parts claims must be completed prior to requesting labor. Include your parts claim or confirmation # if possible.\*\***