



# 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)<br><input type="text"/><br><br>Hunton Distribution<br><small>Distributor Name</small><br>Houston, TX<br><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.\*\***