



## SERVICE WORK ORDER

The service technician must fill out this form. This form should be submitted with the invoice for work performed within 30 days after work is done or claim will be denied.

SERVICE DATE \_\_\_\_\_

<b>AUTHORIZATION CLAIM #</b>	_____
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<b>Distributor:</b>	
<b>Address:</b>	_____
<b>Contact:</b>	_____
<b>Phone:</b>	_____
<b>Fax:</b>	_____
<b>Email:</b>	_____

<b>End User</b>	
<b>Address:</b>	_____
<b>Contact:</b>	_____
<b>Phone:</b>	_____
<b>Fax:</b>	_____
<b>Email:</b>	_____

### DRYER INFORMATION

<b>Model</b>	_____	<b>Serial #</b>	_____
<b>Voltage</b>	_____	<b>PO#</b>	_____
<b>Invoice#</b>	_____	<b>Inlet Temp:</b>	_____
<b>Air Compressor HP</b>	_____	<b>Inlet PSI:</b>	_____
<b>Ambient Temp:</b>	_____	<b>Service Date:</b>	_____
<b>Failure Date:</b>	_____	<b>Service Tech Name:</b>	_____

**Describe Defect:** \_\_\_\_\_

\_\_\_\_\_

**Describe Work Preformed:** \_\_\_\_\_

\_\_\_\_\_

PARTS USED	Part #	Description	Qty	Unit Price	Total

CLAIM SUBMITTED BY \_\_\_\_\_

PHONE # \_\_\_\_\_

LABOR, TRAVEL & MILEAGE CLAIMED			
Description	QTY	RATE	
HRS WORKED		\$70.00	
TRAVEL HRS		\$70.00	
MILEAGE		\$0.50	
TOTAL CLAIM			