VIATEC

WARRANTY CLAIM FORM

Contact Information (Person submitting form)		
*Contact Name:	Contact Title:	
*Contact Phone:	*Contact Email:	
Company Information (Company being reimbursed)		
***Company Name:**	***Date:**	
*Address:		
*City:	*State / Province / County:	
*Country:	*Postal Code:	
Billing Address: (if different from above)		
City:	State / Province / County:	
Country:	Postal Code:	
Service Item Information		
Service Item Type (SmartPTO, Touch Encoder, etc):	*Viatec Serial Number:	
In Service Date:	Service Item Under Warranty? Yes No	
Agency Asset Code (if applicable):		
Description of Issue		
***Failure Date:**	Unit Hours:	
Description of Issue:		
Service Item Out of Service: Yes No	Work Order #:	

Description of Resolution	
***Service Date:**	Service Performed by:
*Description of Repairs (include parts replaced):	
Work Order # (if different than previous):	

Part Information			
Viatec Part Number	Part Description	Quantity	Component Serial Number (old serial # / replacement serial # if replaced)

Service Item Status
(Complete, Waiting for Parts, Working Solution Provided):

***Warranty Expense Reimbursement (Values should be entered in US Dollars)**		
Total Labor Hours:		Please note that all reimbursements are issued through bill.com. If you do not have an account already you will receive an email to do so. Once the claim has been approved, reimbursement should be issued within 10 business days.
Labor Rate (USD):	$	
Total Labor Amount (USD):	$	
Shipping Cost (USD):	$	
In-House Parts Cost (USD):	$	
Other Costs (USD):	$	
Tax Amount (USD):	$	
Total Customer Reimbursement (USD):	$	

PLEASE ATTACH COPY OF SHOP WORK ORDER.

Warranty Return Material Authorization		
Please email a signed copy of this form to service@viatec.us		
IF SHIPMENT REQUESTED		
Please ship parts along with a copy of this form to the Viatec Customer Service Department address below.		
Warranty Return Ship Date:		
Return Shipping Address:	Shipment Tracking Information:	
125 Leader Dr **Piedmont, SC 29673**		
Authorization Signature		
I hereby declare that the information above is true and correct to the best of my knowledge and belief and I have complied with the conditions of the warranty. I consent to Viatec, Inc. to use the information on this form for the purpose of processing my claim.		
Customer Signature:	Date:	
VIATEC USE ONLY		
I approve of this warranty claim and payment.	Approve	Decline
Signature:	Date:	
If not approved, please provide disposition:		