



22 Northwestern Drive, Salem, NH 03079 Tel: 877-866-8372 Fax: 603-685-0405

Labor Reimbursement Request Form

Unit Replacement Field Repair Other _____

RMA # _____ Serial # _____ Sales Order # _____

Claimant Information Date: _____

Name _____
 Address _____ City, State _____ Zip Code _____
 Daytime Phone Number _____ E-Mail _____

Purchase Information

Store Name _____ Store No. _____ Original Purchase Date _____
 Mileage at Install _____ Current Mileage _____

Vehicle Information

Year: _____ Make _____ Model _____ Engine Size _____
 VIN#: _____
 Transmission Part#: _____ Transmission Type: _____

Claim Details

Quantity	Description of labor or part	Total
Total		

Labor will only be reimbursed for repairs completed by a professional repair facility; Repair Orders from the repair facility must be submitted with the labor reimbursement request for processing. All labor reimbursements amounts are determined from warranty time hours listed in the current ALL DATA time guide at the rate of \$50.00 per hour plus a \$20.00 fluid reimbursement with a maximum cap of \$350.00 per claim. Labor will only be reimbursed when the alleged defective unit is returned and if found to have failed due to a factory related failure. Field Repair reimbursements will be processed once the defective parts are returned unless otherwise noted by your warranty administrator.

Upon submission of a labor reimbursement request, you release Moveras, LLC and their distributors from any further liability regarding this warranty return.

Sign _____ Date _____

THE FOLLOWING IS FOR MOVERAS USE ONLY Date Received _____

ALL Data Warranty Hours _____ Approved Reimbursement Amount _____

Evaluation Disposition _____

Warranty Administrator _____

Approved By _____ Date _____