SPECIALTY UNDERWRITERS IN HOUSE REIMBURSEMENT FORM

DATE OF SERVICE (mm/dd/yyyy): _____

IN-HOUSE SERVICE REPORT PO #: _____

(CALL TELESERVE TO GET YOUR PO # FOR THIS WORK – 800.833.7050)

CAMPUS NAME: _____

ADDRESS: _____

CITY / STATE: _____ ZIP: _____

DEPARTMENT NAME: _____ EQUIPMENT TAG #: _____

CONTACT PERSON: _____ PHONE: _____

EQUIP: _____ MODEL #: _____

MFG: _____ SERIAL #: _____

PROBLEM: _____

SERVICE PERFORMED: _____

(IF THE PARTS COST EXCEEDS $25.00, PLEASE PRINT THIS FORM OFF, ATTACH A COPY OF THE PARTS INVOICE AND MAIL IN. ALL CLAIMS ARE SUBJET TO AUDIT AT THE COMPANY'S DISCRETION)

PART NO.	PART DESCRIPTION	QTY.	UNIT PRICE	TOTAL PRICE

COMMENTS: _____

	TIME IN	TIME OUT	TOTAL HOURS
PARTS TOTAL			
LABOR REG			
LABOR REG			
SHIPPING			
TOTAL			

REPAIRED BY: _____ DATE (mm/dd/yyyy): _____

Note: The in-house reimbursement labor and travel rate is: $35.00 per hour.

Please email or mail this form to: Specialty Underwriters
Attn: Reimbursements Department/Lisa Ricker
9667 South 20th Street, Oak Creek, WI 53154
Phone: (414) 281-1100 / (800) 558-9910 / fax: (414) 281-1111

CPO- MNRB
Rev. 06/2005

Reset Form