

MODEL:	SERIAL NUMBER:	INSTALLATION DATE:	USER HOURS:	CLAIM NO.:
		RGA #:		

1. CLAIM IDENTIFICATION:

CLAIMANT:	DATE:
REPAIR / SERVICE DEALER'S NAME	DISTRIBUTOR NAME:
ADDRESS	ADDRESS:
CITY: STATE: ZIP CODE:	CITY: STATE: ZIP CODE:
PHONE: CELL PHONE:	PHONE: CELL PHONE:

2. COMPLAINT DETAILS: BRIEFLY DESCRIBE GENERATOR FAILURE

3. PARTS BY LINE ITEM *SUBJECT TO WARRANTY EVALUATION. VOID IF GILLETTE SUPPLIES PARTS AT NO COST

PART NUMBER	DESCRIPTION OF PART BEING REPLACED	PARTS CLAIM
TOTALS		

4. PORTAL TO PORTAL STANDBY DRIVE LABOR TIME PAID AT \$30.00 /HR. *4 HR. MAX

	HOURS CLAIM

5. PORTAL TO PORTAL STANDBY MILEAGE PAID AT \$.50 /MI *200 MI. MAX

	MILEAGE CLAIM

6. SERVICE LABOR PAID AT \$85.00/HR.

FLAT RATE NUMBER	DESCRIPTION OF LABOR FOR STANDBY GEN-SETS	HOURS CLAIM

WARNING: WARRANTY FORM MUST BE FILED WITHIN 90 DAYS AFTER ORIGINAL COMPLAINT, TO BE CONSIDERED AS A WARRANTY CLAIM.