



GE Commercial Motors

By REGAL-BELOIT

INVOICE NUMBER _____

AUTHORIZED IN-WARRANTY SERVICE REPORT

| | | | |
|--|----------------------------------|--|-------------------------------|
| LIMIT EACH REPORT TO ONE MODEL NUMBER | | Customer's Name | User <input type="checkbox"/> |
| Inoperative motor model number | | Street Address | |
| Horsepower (HP) | Speed (rpm) | City, State, Zip | OEM <input type="checkbox"/> |
| Date rec'd from customer | Date returned to customer | Manufacturer and type of driven equipment | |

| Date Installed | Date Failed | Date Letters | Failure / Repair Performed | Price \$ |
|----------------|-------------|--------------|----------------------------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Replacement Motor Used | | | | Reimbursement Requested | Total \$ |
|--------------------------|-------------|----------------|-------|--|----------|
| Replacement Model Number | Qty. | Unit Net Price | | Total reimbursement due for repair | |
| | | | | | |
| Parts Used in Repairs | | | | Total authorized reimbursement due for replacement motor | |
| Part Cat. No. | Description | Qty. | Price | | |
| | | | | | |
| | | | | Other authorized reimbursements due (explain below) | |
| | | | | | |
| Total cost of parts used | | | | Total reimbursements requested herewith | |

Write cause of failure below. Please be as detailed/specific as possible.

| |
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| |
| |

PAYMENT AUTHORIZATION

(Internal use only)

Account: _____ Date: _____ Amount: _____

Approved (signed) _____

Approved (printed) _____

Remit to Information

Name: _____

Street: _____

City, State, ZIP: _____

Phone: _____ Fax: _____

Email: _____

Signature: _____ Date: _____

Send this form along with invoice to:

GE Commercial Motors by REGAL-BELOIT
Att: Trini Follis
638-14th Street
Hanover, Ontario
N4N 2A1

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