



**GE Commercial Motors**

By REGAL-BELOIT

INVOICE NUMBER \_\_\_\_\_

**AUTHORIZED IN-WARRANTY SERVICE REPORT**

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

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		
					Total authorized reimbursement due for parts used
					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.**


**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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Form #060119/LEESON Canada