



Warranty Claim Job Sheet

CLAIM REJECTED

Claim No:	<input type="text" value="W0000848"/>	<input type="text" value="Rejected"/>	Area:	<input type="text" value="A13"/>
Serial No:	<input type="text" value="1650010"/>		Site No:	<input type="text" value="257"/>
Description:	<input type="text" value="THE LODGE 42.13(2B) 2013"/>		Site:	<input type="text" value="LADRAM BAY HOLIDAY CENTRE"/>
Dealer:	<input type="text" value="3T'S LEISURE LTD T/A"/>			<input type="text" value="LADRAM BAY HOLIDAY CENTRE"/>
Despatch Date:	<input type="text" value="27/03/2013"/>			<input type="text" value="OTTERTON"/>
Date of Sale:	<input type="text" value="07/06/2013"/>	Owner:	<input type="text" value="Mr and Mrs Chadwick"/>	
				<input type="text" value="BUDLEIGH SALTERTON"/>
Sale Type:	<input type="text" value="Retail"/>			<input type="text" value="DEVON"/>
Key Number:	<input type="text" value="unknown"/>		Contact On Site:	<input type="text" value="gary"/>
Plot Number:	<input type="text" value="PV23"/>		Site Phone Number:	<input type="text" value="01395) 568 761"/>
Special Notes:	<input type="text" value="**REJECTED- NOTHING ON PDI- VAN DESPATCHED- 27/03/13**"/>			
Date Acknowledged	<input type="text" value="24/06/2014 11:59:48"/>	Acknowledged By:	<input type="text" value="Laura Prescott"/>	

Date Completed:

No:	Issue:	Location:	Position:	Description:
<input type="text" value="1"/>	<input type="text" value="Missing"/>	<input type="text" value="External"/>	<input type="text" value="Whole Van"/>	<input type="text" value="The down pipes were missing on delivery"/>

Parts

Customer to sign:

Sign: _____ Print: _____ Date: _____