VEHICLE CLAIM FOR CARRIER LOSS AND DAMAGE

R.O. #:

VEHICLE IDENTIFICATION NUMBER	CROSS REFERENCE TO

I HEREBY CERTIFY THAT ALL WORK LISTED HAS BEEN PERFORMED AND THAT ALL CHARGES ARE TRUE AND CORRECT. RECORDS SUPPORTING THE VALIDITY OF THIS CLAIM WILL BE AVAILABLE FOR A PERIOD OF ONE (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SERVICING DEALER FOR INSPECTION BY REPRESENTATIVES OF FORD.

SIGNATURE – DEALER OR GENERAL MANAGER MO / DAY / YEAR

P&A CODE	CARRIER CODE

DELIVERY DOCUMENT NO.	ODOMETER

REPAIR DATE	DELIVERY DATE
/ /	/ /

Rpr Nbr	Delivery Receipt 5 Digit Damage Code	Approval Code	Parts Sub Total	Parts Allowance	Parts Total	Labor Total	Repair Total
1							
2							
3							

PARTS

Rpr Nbr	PREFIX	BASE	SUFFIX	NAME	QTY.	EACH	AMOUNT

Rpr Nbr	LABOR OPERATION NO.	TIME	AMOUNT	TECH ID	DESCRIPTION

CLAIM ACCOUNTING

DESCRIPTION	ACCT #	+/-	AMOUNT	%	COST
FORD RECEIVABLE					
LABOR REPAIR SHOP					
LABOR BODY SHOP					
PARTS REPAIR SHOP					
PARTS BODY SHOP					
SUBLET					
BODY SHOP MATERIALS					