



LABOR CLAIM FORM

ALL LABOR CLAIMS MUST BE SUBMITTED TO RYTEC.WARRANTY@NUCOR.COM WITHIN 30 DAYS OF WORK PERFORMED

SERVICE PROVIDER INFORMATION			CUSTOMER INFORMATION	
[Name]			[Name]	
[Street Address]			[Street Address]	
[City, ST ZIP Code]			[City, ST ZIP Code]	
DOOR INFORMATION				
DOOR TYPE:			SERIAL NUMBER:	
INCIDENT NUMBER (REQUIRED):			DOOR CYCLE COUNT:	
PROBABLE CAUSE OF FAILURE (PLEASE EXPLAIN IN DETAIL. ATTACH PHOTOS IF POSSIBLE.)				
WORK PERFORMED				
NON RYTEC PARTS (IF APPLICABLE; RECEIPT REQUIRED.)				
QTY.	PARTS USED		PRICE	TOTAL
RENTALS (IF APPLICABLE; RECEIPT REQUIRED.)				
QTY.	RENTAL EQUIPMENT		PRICE	TOTAL
TRAVEL				
HRS.	DATE	DISTANCE (ROUND TRIP)	RATE	TOTAL
LABOR				
HRS.	DATE	BRIEF DESCRIPTION OF WORK PERFORMED	RATE	TOTAL
SIGNATURE:		DATE:	TOTAL INVOICE AMOUNT:	