



The Maintenance Solution Innovator

DATE: \_\_\_\_\_

**IN-HOUSE SERVICE REPORT**

SERVICE REPORT #: \_\_\_\_\_

FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ ITEM NUMBER OF POLICY: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

EQUIPMENT: \_\_\_\_\_ MODEL #: \_\_\_\_\_

MFG: \_\_\_\_\_ SERIAL #: \_\_\_\_\_

PROBLEM: \_\_\_\_\_

SERVICE PERFORMED: \_\_\_\_\_

PART NO.	PART DESCRIPTION	QTY.	UNIT PRICE	TOTAL PRICE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

	TIME IN	TIME OUT	TOTAL HOUR
	_____	_____	_____
	_____	_____	_____

<b>COMMENTS:</b>

**PARTS TOTAL:** \_\_\_\_\_  
**LABOR REG:** \_\_\_\_\_  
**LABOR REG:** \_\_\_\_\_  
**SHIPPING:** \_\_\_\_\_  
**TOTAL:** \_\_\_\_\_

REPAIRED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Please FAX 414-281-1111 or Email [sales@su-group.com](mailto:sales@su-group.com), Attention SU Reimbursement Department