



SERVICE REPORT

FORM MUST BE FILLED OUT IN ITS ENTIRETY

Service W/O: _____
 Date: _____
 Invoice: _____

| MANUFACTURER | SERVICE COMPANY |
|---|---|
| <p>ENTRÉE 914 Belair Drive Berwick PA 18603 email to: serviceinvoices@entree.biz</p> | <p>Phone: _____ Contact: _____ Email Address: _____</p> |
| NSC Dispatch # _____ | |

Section 1

Customer: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Model: _____ Serial: _____ Voltage: (Nameplate): _____ Supply Volts: _____
 Phase 1 3 Amp Reading Z _____ Y _____ Z _____ Type of Gas: Nat Propane W/C Pressure Static: _____
 W/C Pressure Flow: _____ Steam Pressure: _____

Reported Complaint:

Probable Cause & Action Taken:

Section 2 Labor & Travel

Service Technician's Name: _____ Number of Trips: _____

Install Date: _____ 1. Labor: _____ Hours Hourly Rate: _____ 1. _____
 Date of Request: _____ 2. First Trip Flat Rate \$100.00 (Metro Area \$120.00) 2. _____
 Date Completed: _____ 3. Second Trip Flat Rate \$85.00 (Metro Area \$100.00) 3. _____
 4. Authorization for Second Trip: _____
 5. Refrigeration Reclaim: Yes No 5. _____
 6. Ounces of Refrigerant Used: _____ R-134A R-404A 6. _____

Section 3 Parts

| QTY | Part No. | Description | Hold | Return | \$ | Extended \$\$ |
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*Note: Any local purchases, (of non-OEM parts) **must** have copy of receipt attached to this form. Otherwise no reimbursement will be made.

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| Name of party completing this report _____ | TOTAL PARTS 7. _____ **With Authorization # _____ Freight: 8. _____ Total (Section 3) 9. _____ GRAND TOTOL (Section 2 & 3) 10. _____ |
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BELOW AREA FOR FACTORY ONLY