LCSF-20260107

7 Locations Proudly Serving Kansas!

Poorman

Automotive Warehouse

Labor Claim Submittal Form

Labor Claims MUST be submitted within 90 days of warranty work. All required information MUST be included.
Form should be sent to: Shane McCullough - Email: shanem.poormans@gmail.com - Cell#: 316-990-6826.

INFORMATION REQUIRED FOR LABOR CLAIM CONSIDERATION:

1) BOTH Repair / Work order numbers for both the original repair and subsequent warranty repair.
2) Both Poorman's invoice numbers from the original purchase and replacement purchase
3) Number of labor HOURS being claimed (Not the value of labor billed, but the HOURS)
4) Vehicle Information: Year, Make, Model and Engine Size 5) Brief overview of the problem

Date __/ __/ ____ Act# _____ Act Name _____

Original Repair Order #_____ Date __/ __/ ____

Warranty Repair Order #_____ Date __/ __/ ____

Poorman Original Invoice #_____ Date __/ __/ ____

Poorman Warranty Invoice #_____ Date __/ __/ ____

Hours being claimed = _____ Lowest Shop Labor Rate $_____

Brand _____ Part# _____ Description _____

Vehicle Details: _____ _____ _____ _____
(Year) *(Make)* *(Model)* *(Engine Size)*

Brief description of problem with part and how you concluded it was defective.

_____

_____

_____

_____

Please email this form directly to Shane McCullough: shanem.poormans@gmail.com

GREY AREA FOR OFFICE USE ONLY: Labor Guide Suggested Hours _____ Hours Paid Out _____

Date ___/ ___/ _____ Processed by _____ Time ____:____ PAW Inv# _____ Shop Level_____