

Additional Shop Materials Request

Claim Number:

#	Item Number	Description	Invoice Number (if applicable)	Units	Unit Cost	Total Cost
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Total Shop Materials Cost:

Shop Material Allowance: [current rate](#) _____ X (non-refinish labour hours) _____ =

Additional Shop Materials Request

Requested By:	Date:
---------------	-------

[SAVE]