



BODY SHOP SHORT PAYMENT REQUEST

FROM: _____; (*REPAIR FIRM*)

TO: _____; (*ESTIMATING SUPERVISOR / ESTIMATOR*)

Date: _____ *Shop Reference #:* _____

Claim Number: _____ *Registered Acct #:* _____

Estimator: _____ *Contact Person:* _____

Adjuster: _____ *Repair Firm Ph#:* _____

Repair Firm Fax #: _____

SHOPS EXPLANATION OF SHORT PAYMENT:

Line # _____

Line # _____

Line # _____

Line # _____

The above noted Body Shop has informed us that they were short paid \$_____, from the attached estimate.

MPI RESPONSE:

Explanation:

After reviewing the account, please pay \$_____.

APPROVED SIGNATURE BY

THE ESTIMATOR/SUPERVISOR/PARTS COORDINATOR