



## CSC Local Labor Claim Check List

Date \_\_\_\_\_

CSC Account# \_\_\_\_\_

CSC Name \_\_\_\_\_

CSC City \_\_\_\_\_

CSC Signature \_\_\_\_\_

Confidence Plus Labor Authorization Number \_\_\_\_\_

Amount Of Labor Time Authorized \_\_\_\_\_

Authorized Amount Of Labor \$ \_\_\_\_\_

Copy of Labor Claim Authorization Form Attached

Copy of Original Work Order Attached

Copy of Replacement Work Order Attached

Defective Part in Original Box Attached

The completed form must be returned to your IWI Sales Representative. Credit cannot be issued if form is not complete and items are missing.