

REX Stores Corporation
ESP Authorizations Repair Estimate
All estimates over \$100.00 Need Approval

Peggy 937-276-8642 Date _____

From: _____ Vendor # _____

Contact Person: _____

Phone # _____ Fax # _____

Customer Name: _____ Phone: _____

Date of Purchase: _____

From Rex #, City, State: _____

Original Purchase Invoice #: _____ ESP Plan#: _____

Make and Model #: _____ Serial #: _____

Date Service Requested: _____

Explanation of service to be performed: _____

Parts needed (part number and description)	Cost + markup
_____	_____
_____	_____
_____	_____

Total Parts _____

Hours _____ Labor Rate _____ Total Labor _____

Service Call _____

Total Miles _____ less Service Area Miles _____

Billable Miles _____ * Rate _____ Total Mileage Charge _____

Other (Please Specify) _____

Total cost of repair: _____

