



**ESTIMATE AMENDMENT FORM**

DATE:

NUMBER OF PAGES FAXED:

SHOP REFERENCE #:  
VEHICLE YEAR/MAKE: /  
REPAIR FIRM:  
REGISTERED ACCT #:  
REPAIR FIRM FAX #:  
REPAIR FIRM PHONE #:

CLAIM NUMBER:  
LICENSE PLATE:  
CURRENT MILEAGE :  
ADJUSTER :  
ESTIMATOR :  
PERSON MAKING REQ :

**IMAGE FILE SENT: YES  :NO**

LINE	LINE DESCRIPTION	REASON FOR CHANGE	REPAIR	NEW	LTK	ALT	QTY	PART #	PARTS COST	HOURS	APPROVED		DENIED
											APPROVED	DENIED	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	
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IF NOT COMPLETED AS OUTLINED - WILL BE RETURNED TO SHOP FOR CORRECTION PRIOR TO PAYMENT

C77#: \_\_\_\_\_ DATE: \_\_\_\_\_ APPROVED: \_\_\_\_\_ BY: Fax:  Phone:  Roadcall:

Supp. Recycled Transaction #: \_\_\_\_\_ Supp. Aftermarket Cancellation #: \_\_\_\_\_

	HRS	HRS	HRS							
*TOTAL PARTS	FRAME LABOUR	SHOP LABOUR	PAINT LABOUR	SHOP MAT.	PAINT MAT.	HWD	SUB TOTAL	GST	PST	GROSS TOTAL

\* Total parts less line discount not including taxes

**FOR REPAIR FIRM USE ONLY:**

DEPRECIATION: PST: GST: DEDUCTIBLE: CUSTOMER RESPONSE: