

REQUEST FOR REIMBURSEMENT

Safety (or Noncompliance) Recall _____ *

Name _____ (_____) _____ Daytime Phone Number _____

Current Address _____

City _____ State _____ Zip _____

Vehicle Identification Number _____ Mileage at time of repair _____ Total amount requested. \$ _____
(VIN)

Name of Facility that performed the repair. _____

The following documentation must accompany this request:

1. The original invoice or repair order itemizing the repairs, and the dollar amount for each repair.
2. Proof of payment, such as cancelled check, copy of money order, etc...
3. A tax id # for reimbursement checks

Mail this request and the above documentation to:

Navistar Claim Reimbursement Department
Attn Warranty
2701 Navistar Drive
Lisle IL 60532

*The Recall Number is located in the upper right hand corner of the customer letter you received announcing the recall. It is also on the Authorization For Recall Service card as "Campaign No."