

EQUIPMENT REPAIR/EXCHANGE

COST CENTER _____

COST CENTER HEAD _____

Signature

DATE ITEM RETURNED _____

REASON FOR RETURN _____

ASSET IDENTIFIER _____

SERIAL NUMBER _____

DESCRIPTION:

ITEM	BRAND	MODEL
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COMPANY NAME _____

COMPANY ADDRESS _____

SERVICE REPRESENTATIVE: _____

PHONE NUMBER _____

Please note: *IF THE ITEM IS DEFECTIVE* and will be replaced by the vendor, REMOVE the tag and tape to the bottom of this form.