

EQUIPMENT REPAIR/EXCHANGE

DEPARTMENT _____

DEPARTMENT HEAD _____

Signature

DATE ITEM RETURNED _____

REASON FOR RETURN _____

TAG NUMBER _____ SERIAL NUMBER _____

DESCRIPTION:

ITEM

BRAND

MODEL

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.