

University Of California, San Francisco EQUIPMENT REPAIR ORDER

DATE

P.O. Number

_____ R _____
(Speed Chart) (Dept. Ref. #)

THIS ORDER MAY NOT EXCEED \$9,999

VENDOR SHALL SUPPLY UNIVERSITY PURCHASING DEPARTMENT WITH INSURANCE DATA PRIOR TO PERFORMANCE UNDER THIS ORDER.

SEE REVERSE SIDE OF THIS FORM

INSTRUCTIONS TO VENDOR

V
E
N
D
O
R

FOR PACKAGES OVER 70 POUNDS SHIP TO:
**UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
PO**

Receiving Department
620 Forbes Blvd.
South San Francisco, CA 94080

Route to: Dept. Room #:
Contact Person: Tele. #:

FOR PACKAGES UNDER 70 POUNDS SHIP TO:
UNIVERSITY OF CALIFORNIA

Department Name

Street Address Room No.

City State Zip

Attn.:

HOLD. Department will pick up.

- California Sales Tax Applicability. Permit No. SYBH19-154365
 YES NO
- All shipments to F.O.B. destination, unless otherwise indicated. If freight is prepaid and added to invoice, copy of paid freight bill must accompany invoice.
- Indicate REPAIR ORDER NUMBER on all shipping labels, packing slips and invoices. Invoices must be itemized, listing parts, labor, travel and/or flat charges.
- Invoice:
 University of California
Accounting Office, UCSF Box 0812
San Francisco, CA 94143-0812
- If unable to fill this order promptly please acknowledge order and advise estimated shipping date.
- Refer all questions concerning this order to:

Name:
Phone:

F.O.B. POINT:

PRICE BY:

VENDOR'S WARRANTY (Nature and Length for Work Performed)

PARTS:

SHIP BY:

TERMS:

LABOR:

WORK DESCRIPTION (COMPLETE ALL INFORMATION)

ITEM

SERIAL NUMBER

MODEL NUMBER

UC PROPERTY NUMBER

DECLARED VALUE OF EQUIPMENT
(For Insurance Purposes) \$ _____

DESCRIPTION OF REPAIR OR MALFUNCTION:

PROVIDE ESTIMATE
ON COST OF REPAIR
BEFORE REPAIRS

YES NO

COST NOT EXCEED \$

WITHOUT FURTHER AUTHORIZATION.

In the unusual circumstance that repairs are not possible or unreasonable when compared with replacement cost, and the residual value for use of parts is too inconsequential to warrant the cost of return, a written certification or statement to this effect should be provided to the department.

EQUIPMENT TO
BE REPAIRED
AT

VENDOR'S
PLANT

SITE

INSURANCE REQUIREMENTS ON THE REVERSE
OF THIS FORM MUST BE COMPLETED PRIOR TO
START OF WORK.

EQUIPMENT
TO BE
SHIPPED VIA

CAMPUS
RECEIVING

VENDOR'S
CARRIER

AUTHORIZED SIGNATURES

VENDOR'S
WORKORDER NO.

EQUIPMENT
REPAIRED BY:

DATE

COMPANY REPRESENTATIVE REMOVING
EQUIPMENT FROM UNIVERSTIY

DATE

DEPARTMENT REPRESENTATIVE

DATE