

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	<div style="border: 1px solid black; height: 60px; margin-bottom: 10px;"></div> <p><input type="checkbox"/> FOR PACKAGES <u>OVER</u> 70 POUNDS SHIP TO: UNIVERSITY OF CALIFORNIA, SAN FRANCISCO PO</p> <p><input type="checkbox"/> Receiving Department 620 Forbes Blvd. South San Francisco, CA 94080 Route to: Dept. Room #:</p> <p>Contact Person: Tele. #:</p> <p><input type="checkbox"/> FOR PACKAGES <u>UNDER</u> 70 POUNDS SHIP TO: UNIVERSITY OF CALIFORNIA Department Name Street Address Room No.</p> <p>City State Zip</p> <p>Attn.:</p> <p><input type="checkbox"/> HOLD. Department will pick up.</p>	<p>1. California Sales Tax Applicability. Permit No. SYBH19-154365 <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>2. 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.</p> <p>3. Indicate REPAIR ORDER NUMBER on all shipping labels, packing slips and invoices. Invoices must be itemized, listing parts, labor, travel and/or flat charges.</p> <p>4. Invoice: <input type="checkbox"/> University of California Accounting Office, UCSF Box 0812 San Francisco, CA 94143-0812</p> <p>5. If unable to fill this order promptly please acknowledge order and advise estimated shipping date.</p> <p>6. Refer all questions concerning this order to: Name: Phone:</p>		
F.O.B. POINT:		PRICE BY:	VENDOR'S WARRANTY (Nature and Length for Work Performed) PARTS: LABOR:	
SHIP BY:		TERMS:		
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 <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> VENDOR'S PLANT <input type="checkbox"/> SITE		INSURANCE REQUIREMENTS ON THE REVERSE OF THIS FORM MUST BE COMPLETED PRIOR TO START OF WORK.		EQUIPMENT TO BE SHIPPED VIA <input type="checkbox"/> CAMPUS RECEIVING <input type="checkbox"/> VENDOR'S CARRIER
AUTHORIZED SIGNATURES				
VENDOR'S WORKORDER NO.		EQUIPMENT REPAIRED BY: DATE		
..... COMPANY REPRESENTATIVE REMOVING EQUIPMENT FROM UNIVERSTIY	 DEPARTMENT REPRESENTATIVE		
DATE		DATE		