

Morris Electronics -- Repair Request Form

Dept. Name: _____ Bldg./Room#: _____
Today's Date: _____ Contact Name & Phone#: _____
Type/Model of Equipment: _____ Location ID: _____
Serial Number: _____
Date/Time Picked Up for Repair: _____
Description of Problem: _____

Solution to Problem: _____

On Warranty
 On Contract
 Time & Materials Request Estimate Prior to Repair Cost Estimate: _____
 Date Returned to the Department: _____

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