UCSF Technology Store

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Apple Specialist / Apple Authorized Service Provider National Member HP Reseller Council / Microsoft Partner

SERVICE REPAIR ORDER FORM						
CUSTOMER INFORMATION		C	ate:			
Requestor Name:		Campus Phone:			Ext	
Email:		Service request is: Departmenta		Departmental	O Personal O	
Address:			City/Sta	ate:	ZIP:	
DEPARTMENTAL PAYN	IENT ACCO	OUNT INFORMATION				
Department Name:			Depar	tment Box #: _		
Billing Contact Name:		Phone #	Phone #: Pu		urchase Order #:	
Natural Class Account	Fund	Departmental Account	Program Code	Fund Year	Amount	
432490 or 447970						
* Authorized Signature for Account:			Cost Not to Exceed:			
departmental paymen SERVICE HOURLY RA \$125 for On-Site Ser Product Description (Manuf Access Password: Date of Purchase:	ts. Service stat TES (One Hour rvice; \$195 for acturer/Model# air O Upg	Serial#: Existing Repair grade O Set-Up O	questor or Bill To perso In-Store Drop-Off at ase add \$35 Travel C Case#: Cleaning ()	on associated with the UCSF Techno harge for On-Site	this order. logy Store; Service.	
Pick-Up By (I.D. Required): _ Delivered by: Receiv	ed/UCSF (Sig	n/Print):	ILY	Date: Date: _		
Internal Tracking #	R	lepair Order #	Warranty Repair C) Non-Warrar	nty Repair O	