

**REQUEST FOR VENDOR SERVICE**

\*(Revised 01/02)\*

SAIC Frederick

Logistics Support Department, Bldg. 1050, Rm. 126  
Scientific Equipment Repair - Phone: x5040/5642 - Fax: x6154

Date: \_\_\_\_\_ Center #: \_\_\_\_\_

Requestor: \_\_\_\_\_ Phone Ext. \_\_\_\_\_ Fax Ext. \_\_\_\_\_

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**EQUIPMENT INFORMATION:**

Property Decal #: \_\_\_\_\_ Location: Bldg. \_\_\_\_\_ Room \_\_\_\_\_

Equipment Type: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_ Serial #: \_\_\_\_\_

Vendor Repair Preference: \_\_\_\_\_ Repair Estimate: \$ \_\_\_\_\_

Problem Description: \_\_\_\_\_

\_\_\_\_\_

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**EQUIPMENT STATUS:** Time & Matls.: \_\_\_\_\_ Serv. Contract: \_\_\_\_\_

Warranty: \_\_\_\_\_ Shipping Req'd: \_\_\_\_\_

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**SHIPPING INFORMATION: (ALL APPLICABLE INFO MUST BE ENTERED IN  
ORDER FOR EQUIPMENT TO BE SHIPPED)**

Ship To: \_\_\_\_\_ Value of Item to be Shipped: \$ \_\_\_\_\_

\_\_\_\_\_ Return Authorization #: \_\_\_\_\_

\_\_\_\_\_

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**COMMENTS/ADD'L INFO:**