

DEPARTMENT REPAIR ORDER

Office Use Only

Vendor Address _____

 Phone # _____
 Fax # _____

DRO# _____

DAFIS DOC# _____

Today's Date: _____
 Date Wanted: _____

* PROPERTY NUMBER	* SERIAL NUMBER	* MODEL NUMBER	* EQUIPMENT VALUE
* VENDOR'S WORK ORDER NUMBER	* ESTIMATED PRICE	LABOR WARRANTY	PARTS WARRANTY
* COST NOT TO EXCEED			

* DESCRIPTION OF REPAIR OR MALFUNCTION:

PI OR OTHER AUTHORIZED PERSON'S SIGNATURE

 PERSON PLACING ORDER

 PHONE# _____ Account # to charge _____

*** ALL REQUIRED FIELDS**