

**RICHARD STOCKTON COLLEGE  
EQUIPMENT REPAIR NOTIFICATION FORM**

DEPT. \_\_\_\_\_ EQUIPMENT LOCATION \_\_\_\_\_ TAG NO. \_\_\_\_\_

EQUIPMENT DESCRIPTION (INCLUDE SERIAL NO.)

NAME OF VENDOR MAKING REPAIRS: \_\_\_\_\_

NAME OF VENDOR FROM WHOM PURCHASED IF DIFFERENT FROM ABOVE:

DAMAGED IN TRANSIT                      APO NO. COVERING PURCHASE \_\_\_\_\_

WARRANTY REPAIR                      APO NO. COVERING REPAIR \_\_\_\_\_

CHARGE REPAIR

DATE FORWARDED TO VENDOR \_\_\_\_\_ 20 \_\_\_\_\_

NAME OF TRUCKER OR OTHER METHOD OF SHIPMENT:

DECLARED INSURANCE VALUE:    \$ \_\_\_\_\_

VENDOR'S PROMISED RETURN DATE: \_\_\_\_\_ 20 \_\_\_\_\_

INSTRUCTIONS TO CENTRAL STORES

\_\_\_\_\_  
AUTHORIZED SIGNATURE                      DATE  
(College Employee)

\_\_\_\_\_  
SIGNATURE                                      DATE  
(Vendor Rep. - Where Applicable)

**NOTE:**              This form is to be completed  
                                 and promptly forwarded to  
                                 Central Stores whenever  
                                 equipment goes off Campus  
                                 for repairs or servicing