

WARRANTY _____
REPAIR _____

RETURN FOR CREDIT _____
SALES / DEMO _____

REC. REPORT # _____
DATE RECEIVED _____
SALES ORDER # _____

BILL TO:	SHIP TO:

CONTACT:	PHONE NUMBER:	FAX NUMBER:	NET AMOUNT \$
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QTY	INSTRUMENT DESCRIPTION	SERIAL NUMBER

MECHANICAL REPAIR ONLY _____	REFURBISH TO LIKE-NEW CONDITION _____
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BELOW FOR TECHNICIAN USE ONLY

ITEM	EVALUATION	HOURS/LABOR

REPAIR TECH: _____	DATE: _____	QC INSPECTOR: _____	DATE: _____
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ITEM	PART NUMBER	QTY.	PRICE	AVAIL.	ITEM	PART NUMBER	QTY.	PRICE	AVAIL.

LABOR TOTAL:	PARTS TOTAL:	REPAIR TOTAL:
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COMMENTS: