

For office use

Job No:

CENTRE FOR INSTRUMENTATION SERVICES
 (TERTIARY EDUCATION COMMISSION)
Request for Repairs Form
(Scientific Equipment)

(Please fill in this form separately for each instrument)

Institution:

Date:

Department:

Tel:

User's Name:

Equipment :

S/N:.....

Brief description of problem:

.....

.....

.....

.....

Faulty since when:

Is equipment under warranty? Yes/No

.....
Signature of Contact Person

.....
Signature of Head of Department

FOR OFFICE USE ONLY

Received by:

Date: