Office	Use	Only



Warranty Equipment Replacement Request

e Requested:	Department:	Requested by:		Phone #:		
,		,				
_		Original Equipme	nt			
Inventory Tag#	Description	Vendor	PO#	Serial #	Location Bldg / Room	
		Replacement Equip	ment			
RMA#	Serial #	PI	Place Original Property Tag Below			
		Reason for Replace	ment			
perty Custodian's Sigi	nature:)ate:	_		