

UNIVERSITY OF CALIFORNIA, DAVIS  
Department of Electrical and Computer Engineering

Repair Order Form

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Phone Number / Email: \_\_\_\_\_ Date Required: \_\_\_\_\_

**Vendor Information:**

Vendor Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Street/Mailing Address: \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Repair Site: \_\_\_\_\_ Shipping Method: \_\_\_\_\_

**Equipment Information:**

Equipment to be repaired: \_\_\_\_\_

UCD Asset Number: \_\_\_\_\_ Model Number: \_\_\_\_\_

Equipment Value: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Quote Price: \_\_\_\_\_ Vendor Work Order Number: \_\_\_\_\_

Is the quote an estimate or exact amount?  Estimate  Exact Amount

**Description of repair or malfunction and work to be performed:**

Budget to Charge: \_\_\_\_\_ DaFIS Number \_\_\_\_\_ DRO Number: \_\_\_\_\_

PI Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fund Verification: \_\_\_\_\_ Date: \_\_\_\_\_