Repair Authorization

Shared Equipment Services
UMDNJ- Robert Wood Johnson Medical School
Jeff Grek, Manager
675 Hoes Lane Room NB-09A, Piscataway, NJ 08854
Phone: 732-235-4455 Fax: 732-235-5758

Fax To: _____ **Fax #: _____**

This request for services has been received by shared equipment services. Fiscal authorization for this service must be provided before work will begin or a service Technician is dispatched.

Reasonable judgement will be made regarding the cost of repairs. You will be notified if we feel that the expense of the repairs required is not a good value for the age, condition or replacement cost of the unit. A completed work order will be sent with the final charges once the repair or service is completed.

Date: _____ **PI**:_____

Administrator: _____

Contact:_____ **Phone: _____**

Department: _____ **Location: _____**

Service Request:

Repairs or services will be provided with normal rates and procedures as outlined above unless specified

Fiscal Authorization *(To be completed by Department Administrator or authorized fiscal representative).*

Signature: _____ **Banner Index #: _____**

Please fax back to 732-235-5758