***RETURN COMPLETED FORM TO TINA WARD***

**EQUIPMENT REPLACEMENT/ NEW WARRANTY SHEET**

|  |  |  |
| --- | --- | --- |
| Date: |  | Work Order Number: |
| **FROM Facility:** |  | Cost Center Number: |
| **TO Facility:** |  | Cost Center Number: |
| Tradesman Name: |  |
| Department: |  |
|

|  |
| --- |
| **OLD EQUIPMENT/TRANSFERRED FROM** |
| Asset Name: |  |
| Property Tag/Machine ID/Asset Number: |  |
| Make: |  |
| Serial Number: |  |
| Model: |  |
| Building:  |  | Room: |
| Disposition (surplus, left at school, advanced replacement): |  |
| **NEW EQUIPMENT/TRANSFERRED TO** |
| Asset Name: |  |
| Property Tag/Machine ID/Asset Number: |  |
| Make: |  |
| Serial Number: |  |
| Model: |  |
| Building: |  | Room: |
| **Purchase Date (Day, Month, Year):** |  |
| **Date of Installation (Day, Month, Year):** |  |
| HVAC (screw/scroll): |  |
| **NEW WARRANTY INFORMATION** |  |
| Responsible Company and Vendor Number: |  |
| Address: |  |
| City, State, Zip: |  |
| **DAY/MONTH/ YEAR:** | **MOTORS:** |
| **COMPRESSOR:** | **MATERIAL/PARTS:** |
| **\*COMPLETED BY RECEIVER\*** |
| Received By (Signature of Principal/Department Head): |   | Date: |
| Receiver:(Print name clearly)  |  |
| Cost Center Number: | Receiving Cost Center Name: |

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 M. Rhodes/ MTWard: RETURN TO TINA WARD