***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: | | | | | | |

M. Rhodes/ MTWard: RETURN TO TINA WARD