## Equipment Maintenance Program In-House Service Report

NAME ADDRESS	NORTHWES	STERN UNIVERSI	TY			
DEPARTMENT NAME	Controll and			JIP. ITEM		
("Site", "Location", "Cost DEPT. CONTACT	Center , etc.		(the Teleserve tag # on the piece of equipment) PHONE #			
EQUIPMENT DESCRIPTION		]	MODEL #			
MANUFACTURER		SERIAL #				
PROBLEM						
SERVICE DONE						
PART #	PART DESCRIPTION			QTY	UNIT PRICE	TOTAL PRICE
			 ,	TIME IN	TIME OUT	TOTAL HOU
OMMENTS		PARTS TOTAI				
		LABOR REG LABOR REG	_			
		SHIPPING TOTAL	_			
REPAIRED BY		_				
		_			DATE	