

EQUIPMENT REPAIR

Call the following vendors direct to have equipment repaired. They will then come to your school site to repair or pick up the equipment. An open Purchase Order is already on file with these vendors. Be sure to ask the vendor to provide a cost estimate before allowing them to repair your equipment. If the cost to repair is more than 50% of the cost to replace, then it is more economical to replace.

With the exception of telephone repairs, the cost of equipment repairs will be charged back to your site equipment repair account number. Complete an Equipment Repair Form as noted below and forward to the Purchasing Department.

***AUDIO-VISUAL/TV'S/VCR'S:** California Video Repair (760)729-5904

COPIERS/DUPLICATORS: Ricoh (Gestetner) (800)921-9484
Ikon (Canon) - Scott (619)454-4020

***FAX MACHINES:** Dynamic Images (760)744-7231
Ricoh (Savin) (800)921-484

***PRINTERS:** Dynamic Images (760)744-7231

TELEPHONES: Information Systems (Sharan) x5052
(For repair only, new phone lines require a Purchase Requisition)

* (Complete an Equipment Repair Form and attach a copy to the equipment, call Warehouse and the District Delivery Driver will pick it up and take to vendor for repair).

NOTE: You must complete an Equipment Repair Form for any equipment which leaves your site for repair. Be sure to note the make, model, serial, and District inventory tag number on the form. Remember to keep a copy of the form at your site in case the equipment becomes lost during the repair process.

CARLSBAD UNIFIED SCHOOL DISTRICT
6225 El Camino Real
Carlsbad CA 92009
(760) 331-5000

EQUIPMENT REPAIR BY OUTSIDE VENDOR

Date _____ Description of Equipment _____

Site _____ Manufacturer _____

Dept _____ Model No. _____

Bldg/Room Number _____ Serial No. _____

_____ CUSD Inventory Tag No. _____

Name of Person Requesting Repair _____

Describe problem:

CALL VENDOR AND REQUEST A SITE REPAIR. OBTAIN REPAIR COST AND SERVICE ORDER NUMBER FROM REPAIR TECHNICIAN BEFORE AUTHORIZING REPAIR. BE SURE TO KEEP A COPY OF THIS FORM ON FILE IF THE EQUIPMENT IS TAKEN TO THE VENDOR'S SHOP FOR REPAIR.

Date of Repair _____ Vendor Name _____

Total Repair Cost \$ _____ Invoice or Service Ticket No. _____
(Attach your copy of Service Order or invoice to this form)

Budget Number _____

Principal or Administrator Signature _____
(Authorization to pay invoice)

Purchasing Department Approval _____

INSTRUCTIONS: Complete this form and forward to the Purchasing Department. Attach a copy of the Vendor's Service Ticket or Invoice.