



# BMPN Request for Equipment Repair

Please complete the form below and send to all of the following email addresses:  
nancy.ferguson@ucr.edu, joann.braga@ucr.edu, sarah.acrey@ucr.edu

## Equipment Info

Make: \_\_\_\_\_

Model #: \_\_\_\_\_

Serial #: \_\_\_\_\_

UCR Property ID #: \_\_\_\_\_

## Equipment Location

Building: \_\_\_\_\_

Room Number: \_\_\_\_\_

## Equipment Issues

Please state EXACTLY what the issues/malfunctions are with the equipment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Billing & Contact Info for Repair

FAU to Use for Repair Costs: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Lab Phone #: \_\_\_\_\_

Cell Phone # \_\_\_\_\_