

MCB Refrigeration & Electronics Repair  
**SHOP WORKORDER FORM**

LL59 Koshland Hall Jeff Davenport jdavenport@berkeley.edu 510-643-3983

DATE:	Your NAME:	Your EMAIL ADDRESS:	
Your Location	Your DEPARTMENT:	Your TELEPHONE	
Your LABORATORY OR FACILITY NAME			
<input type="checkbox"/> Proceed without estimate <b>OR</b> <input type="checkbox"/> Provide estimate in advance:			
Please note that time required to provide estimates will be billed. <b>Current recharge rate is \$106/hr</b>			
<b>CHART OF ACCOUNTS (COA) RECHARGE INFORMATION:</b>			
ACCOUNT	FUND	ORG.	PROG. PROJECT FLEX FIELD SPEED TYPE
<b>56639</b>	5	5	2 6 5 10
COA APPROVED BY: _____		APPROVAL SIGNATURE: _____	

**NOTE: All equipment must be cleaned before any service can be started**

**Declaration of Decontamination**

I certify that this equipment has been carefully cleaned and decontaminated and pose no danger to through bacteriological, virological, chemical or radioactive contamination.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date \_\_\_\_\_

DESCRIBE WORK TO BE DONE - BE SURE TO LIST LOCATION:


**Return signed form to LL59 Koshland Hall**  
 Completed forms can also be emailed to Jeff jdavenport@berkeley.edu