

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 OR <input type="checkbox"/> Provide estimate in advance:						
Please note that time required to provide estimates will be billed. Current recharge rate is \$106/hr						
CHART OF ACCOUNTS (COA) RECHARGE INFORMATION:						
ACCOUNT	FUND	ORG.	PROG.	PROJECT	FLEX FIELD	SPEED TYPE
56639	5	5	2	6	5	10
COA APPROVED BY: _____			APPROVAL SIGNATURE: _____			

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

<p>Declaration of Decontamination</p> <p>I certify that this equipment has been carefully cleaned and decontaminated and pose no danger to through bacteriological, virological, chemical or radioactive contamination.</p> <p>Signature: _____</p> <p>Print Name: _____</p> <p>Date _____</p>

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