

Return & Repair Form:

Customer Information: *Has bank*

Company Name: *Market Trip* B: _____ S: _____

Date Received: *2-15-11* Date Given to Service: _____

Carrier: FedEx - UPS - DHL - USPS Method: GRD - NDA - 2DY - 3DY - Other

Product Information:

Product: 7410-7110-6510-6810-7510 Serial #: AR XC-0097
 9510- Drug Tester 5000

Description: A - B - Plus - Screener - Demo Printer Ser #: AR _____

Whole Instrument Top 1/2 Sim Ser #: _____

Other _____ Probe Ser # DD _____ P _____

ACCESSORIES:

110 V A/C Adapter Regulator Mag Card Rdr# _____

Printer Paper Printer Ribbon Casio # _____

Mouthpieces Carrying Case Dry Gas

Other (Please Specify) _____ Warranty Exp. Date _____

Repair Information:

Test #

Reason for Return: *FC*

Part Number	Description	Qty	Total Cost
<i>680 8455</i>	<i>FC</i>	<i>1</i>	<i>N/C W</i>
<i>mp cal 71</i>	<i>cal</i>	<i>1</i>	<i>N/C W</i>
<i>mp labor</i>	<i>labor</i>	<i>.5</i>	<i>N/C W</i>

Repair Notes:

FC# AR13L-1884

cal w/DC; ops check

Service Technician: *[Signature]*

Date: *2/18/2011*