Request for Vendor Service

Leidos Biomedical Research, Inc.

Please type or print information clearly

Fill out the information below and click the "Print Form Only" button at the bottom. Please have the printed copy signed by the authorized approver and return the signed form by e-mail to ncifredem@nih.gov, or by fax to 301-846-6154.

Requester

1. First Name	2. Last Name	3. Date

4. Center Number	5. Telephone	6. Fax	7. E-mail Address

Equipment Information

8. Location (Bldg./Rm No.)	9. Property Decal No.	10. Serial No.
11. Equipment Type	12. Model	13. Manufacturer

14. Vendor Repair Preference	15. Estimated Repair Cost

16. Problem Description

Work Authorization Tag Information

17. Tag # _____

☐ None required

☐ Completed prior to date of service and copy forwarded to Equipment Maintenance Team (Bldg. 1050, Rm. 225)

18. Equipment Status

☐ Time and Materials ☐ Warranty ☐ Service Contract ☐ Shipping Required

Approval (Person having signature authorization for center number listed in block 4)

19. First Name (print)	20. Last Name (print)	21. E-mail Address (print)

22. Signature	23. Date

Vendor Shipping Information

24. Vendor Contact First Name	25. Vendor Contact Last Name		
26. Vendor Address	27. City	28. State	29. Zip Code

30. Value of Item To Be Shipped	31. Return Authorization No.	32. Approximate Weight

33. Comments

Purchasing Department, Building 1050/Room 225

Equipment & Maintenance – Phone: 301-846-5642; Fax: 301-846-6154

Clear Form | Print Form Only | Print Form and Instructions

Request for Vendor Service – Instructions

Leidos Biomedical Research, Inc.

1. First name of the requester.
2. Last name of the requester.
3. Date of the request.
4. Center number to be used for the request.
5. Telephone number of the requester.
6. Fax number of the requester.
7. E-mail address of the requester.
8. Building and room number for location of equipment.
9. Property decal number for equipment.
10. Serial number for equipment.
11. Type of equipment.
12. Name of equipment model.
13. Name of manufacturer of equipment.
14. Name of vendor preferred for making repairs. If you have no preference, enter “no preference.”
15. Estimated cost of repairs.
16. Brief description of problem.
17. Enter work authorization tag number or mark appropriate box.
18. Check the appropriate box to indicate the status of equipment.
19. Print first name of person having signature authority for center number listed in block 4.
20. Print last name of person having signature authority for center number listed in block 4.
21. Email address of person having signature authority for center number used in block 4.
22. Signature of person having signature authority for center number listed in block 4.
23. Date that the form is signed.
24. First name of vendor contact.
25. Last name of vendor contact.
26. Street address of vendor.
27. City of vendor.
28. State of vendor.
29. Zip code of vendor.
30. Estimated value of item to be shipped.
31. Return authorization number for item to be shipped.
32. Approximate weight of item to be shipped.
33. Additional comments concerning service request.