

REPAIR/RETURN FORM

DATE:		ASSET CODE:		SERIAL NUMBER:	
DESCRIPTION OF ITEM:					
TROUBLE:					
REPAIR FACILITY, ADDRESS, PHONE, CONTACT PERSON					
UNIT CC/LGS/DC TYPED NAME:		SIGNATURE:		DATE:	
WHAT FOUND WRONG:					
REPAIR COST:		DATE RETURNED			

KSWG FORM 37R

REVIEWED 1 OCT 08

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