



(Fill out this request, then forward to the Area 3 Supervisor)

Requested Completion Date:

Equipment Transfer Request (Incoming ETR #):

Requestor: _____ Phone: _____ Date: _____

Unit Engineer: _____ Agency / Institution: _____

Unit Analyst: _____ Work Authorization Number: _____

RM#: _____

Project Coordination: _____

Site Name(s): _____
 (Location(s) where equipment will be used)

Cost Limit (if any): \$ _____ AR3 to Provide Cost Estimate: AR3 to Report Total Cost:

APPROVALS

Approving Signature: _____ Date: _____
 (Engineering Unit Head)

Priority Service Required due to: 207 Work Emergency Repair/Outage

Request Priority Service
 Section Head Approval required
 Priority Signature: _____ Date: _____

Request Priority Service (Engineering Section Head)
 Operations State Manager required
 Priority Signature: _____ Date: _____
 (Division Chief)

DESCRIPTION OF SERVICE REQUESTED

Additional information attached:

SHIP / TRANSFER ITEMS TO: _____
(UNLESS OTHERWISE SPECIFIED, UPON COMPLETION, ITEMS WILL BE AUTOMATICALLY TRANSFERRED TO PM01)



(Area 3 completes this section)

Area 3 Supervisor: _____ Date Received:

Staff Assigned: _____ File #: _____

Job Title: _____

Location: _____

PM01 Due / Ship Date: _____

Estimated Completion Date: _____ Estimated Cost: \$ _____

Job Completed By: _____ Date: _____

**Equipment Transfer Request
 (Outgoing ETR #):**

Cost of Parts Rebilled: \$ _____

Total Cost: \$ _____