## **SCHEDULE 11 – REPAIR REQUEST FORM**

Part A: REPAIR REQUEST - to be completed by the Authority.	
1.) Rep	pair Demanding Authority: Inventory Manager SCM Mgr Telephone: [REDACTED]
2.) Nan	me: Date:
Contract Number: 701053382 Repair Order Number:	
3.) Seri	ial Number:
4.) NSN	N/ Description:
-	scription of fault where known:
·	lection and Return Delivery Point: [REDACTED]
Part. B: REPAIR RESPONSE - to be completed by the Contractor.	
7.) Date	e item received
8.) Timescale: days for turnaround (In accordance with Turnaround times in Schedule 11)	
9.) Expected Return Date	
10.)	Warranty (delete as appropriate)
;	a.) Warranty
I	b.) Non-Warranty
11.)	The Repair Quotation (delete as appropriate):
;	<ul> <li>a.) Multiple repair total cost (Ex-VAT) with report and quote submitted for SCM approval.</li> </ul>
1	b.) Repair falls under Warranty – no cost.
	c.) Item beyond economic repair / complete replacement required.
12.)	Total cost of repair/replacement: £(Ex-VAT)
13.)	Return date to [REDACTED]
Name:	

Annex A to Schedule 11 to Contract Number. 701053382

##