

**DEPARTMENT OF PURCHASING SERVICES**

Furniture - Damage/ Warranty/Repair Form

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Physical location of furniture: \_\_\_\_\_

Original Purchase Order number: \_\_\_\_\_

Delivery date: \_\_\_\_\_

Manufacturer's name & part number: \_\_\_\_\_

Describe what is wrong with the furniture:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If this item is not covered under warranty or is covered only partially, do you still wish to have it repaired?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please provide the following billing information:

Account Number: \_\_\_\_\_

Bill to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please complete this form and fax back to (409) 845-3800, ATTN: FURNITURE TEAM.  
(If additional information is needed, please contact a member of the Furniture Team at (409)845-3425.)