

# Equipment Repair/Replacement Request

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

EMBC Region: \_\_\_\_\_ Area: \_\_\_\_\_ Task #: \_\_\_\_\_

Group Equipment <input type="checkbox"/>	Personal Equipment <input type="checkbox"/>	Claimed by:			
Item Description		Unit <sup>1</sup>	Qty	Cost	Total
Owner		Certification that equip. loss/damage was a result of an approved task.			
		PSLV Lead Signature			
Justification		Approved <input type="checkbox"/>		Not Approved <input type="checkbox"/>	
		EMBC Regional Manager			

Group Equipment <input type="checkbox"/>	Personal Equipment <input type="checkbox"/>	Claimed by:			
Item Description		Unit <sup>1</sup>	Qty	Cost	Total
Owner		Certification that equip. loss/damage was a result of an approved task.			
		PSLV Lead Signature			
Justification		Approved <input type="checkbox"/>		Not Approved <input type="checkbox"/>	
		EMBC Regional Manager			

Group Equipment <input type="checkbox"/>	Personal Equipment <input type="checkbox"/>	Claimed by:			
Item Description		Unit <sup>1</sup>	Qty	Cost	Total
Owner		Certification that equip. loss/damage was a result of an approved task.			
		PSLV Lead Signature			
Justification		Approved <input type="checkbox"/>		Not Approved <input type="checkbox"/>	
		EMBC Regional Manager			

<sup>1</sup> Unit of Measure: each, package, or set