

Customer Contact:

City of Scottsdale 7447 E Indian School Rd SCOTTSDALE AZ 85251-3922 USA

TAX ID :

Patrick Kosecki pkosecki@scottsdaleaz.gov 480-312-5284

Invoice To:

Specialty Underwriters LLC 9667 S 20th St OAK CREEK WI 53154-4931 USA Agilent Technologies Inc. 2850 Centerville Road Wilmington DE 19808-1610 United States
 Tel.
 800 227 9770 Option 3, 1 7648#

 Fax:
 1-302-993-5963

 Email:
 soclosurerequest@agilent.com

 Website:
 www.agilent.com/chem

SERVICE REPORT

Customer Purchase Order Number: 10182999	Customer Number: 70003110
Service Request: 8100964896	Service Request Date: August 03, 2016
Service Order: 6001519348	Service Confirmation:

Delivery Site:

City of Scottsdale 7447 E Indian School Rd SCOTTSDALE AZ 85251-3922 USA

Location:

Room Bldg Lab Dept

Direct Inquiries to:

Contact Name: Contact E-mail: Contact Telephone: Contact Fax: Customer Contact Center soclosurerequest@agilent.com 800 227 9770 Option 3, 1 7648# 1-302-993-5963

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Agilent Technologies Inc 5301 Stevens Creek Blvd Santa Clara CA 95052-8059 United States Federal Tax ID: 77-0518772

Beneficiary Bank: Bank of America SWIFT: BOFAUS3N Beneficiary Account: 12331-31561 Beneficiary Name: Agilent Technologies Inc ORIGINAL

Service Instrument:

Model Number	Model Description	Serial Number	System Handle	Parent Asset
SYS-GC- 7890-E	GC 7890 System Enhanced GC Features		SYS-GC-7890-E	
G4557A	7697A Headspace Sampler, 111 Vial	CN14160045	SYS-GC-7890-E	SYS-GC-7890-E
G3445B	7890 Series GC for Analyzers	US14173023	SYS-GC-7890-E	SYS-GC-7890-E

Service Items:

ltem	Service/Part #	Description	Qty	Entitlement	Service Start	Service End
10	PIPM	Per-incident Preventive Maintenance	1.00	Trade	08/18/2016	08/18/2016
20	G4556-67011	7697A Standard PM Kit	1.00	Trade		
30	G1531-80560	Jet, Capillary Optimized,0.29mm ID	2.00	Trade		
40	5188-6497	QuickPick Splitless Inlet/Vent PM Kit	2.00	Trade		

Additional Information:

Service Information:

Problem Description: Aug 2016 PM/ US14173023

Service Provided:

PM of GC and HS completed as per the respective PM checklists. All tests passed.

Service Overview Code: Reason Code:

Diagnosis Code: N/A Scheduled Service Resolution Code: Scheduled Service

Reported Hours: 3.0	Travel Hours: 2.5	
Customer Field Service Representative Name:	Customer Field Service Representative Signature:	Date:
Customer Name:	Customer Signature:	Date:
Additional Comments:		