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Customer Contact:

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

TAX ID :

Patrick Kosecki
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 480-312-5284

Invoice To:

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

Delivery Site:

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

Location:

Room
Bldg
Lab
Dept

SERVICE REPORT

Customer Purchase Order Number:	Customer Number: 70003110
Service Request:	Service Request Date:
Service Order: 6001804064	Service Confirmation:

Direct Inquiries to:

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

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Agilent Technologies Inc
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 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 Confirmation Number:

Service Confirmation Date: January 24, 2017

Service Instrument:

Model Number	Model Description	Serial Number	System Handle	Parent Asset
G4557A	7697A Headspace Sampler, 111 Vial	CN14160045	SYS-GC-7890-E	SYS-GC-7890-E

Service Items:

Item	Service/Part #	Description	Qty	Entitlement	Service Start	Service End
10	REPAIR	Repair	1.00	Free to customer, Gratis - Appr. Manager	12/09/2016	01/24/2017

Additional Information:

Service Information:

Problem Description: For FSE to account for time.		
Service Provided: The customer was experiencing high RSD's. I replaced gas lines in the HS ordered by another FSE and the customer ran samples and reported that RSD's are good now. Onsite date 12/9/16. This service report was generated at a later date as gratis service.		
Service Overview Code: Reason Code: Chromatography Issue Diagnosis Code: Mechanical Parts Failure Resolution Code: Replaced Parts Onsite		
Reported Hours: 2.0	Travel Hours: 1.0	
Customer Field Service Representative Name: Craig Jones	Customer Field Service Representative Signature: <i>Craig Jones</i>	Date: 1/24/17
Customer Name:	Customer Signature:	Date:
Additional Comments:		