

BREATH ALCOHOL INSTRUMENT CHAIN OF CUSTODY WORKSHEET

Instrument: 8000 Serial Number: 80-003067

Transported Out of the Crime Laboratory:
Agency Being Assigned Instrument: CMI
Name/Agency of Person Transporting Instrument:
Deb Keshur (Print Name) Crime Lab (Print Agency)
Signature of Person Receiving Instrument: _____
Date Receiving Instrument: ____/____/____ From: _____
Or Shipped Via:
USPS ____ UPS ____ FedEx X Other _____
Date Sending Instrument: 13 / NOV / 12 Air Bill No. _____
Complete Air Bill (Identify Instrument/Serial Number) and attach a copy to this worksheet.

Transported to the Crime Laboratory:
Agency Returning Instrument: _____
Name/Agency of Person Returning Instrument:

(Print Name) _____ (Print Agency)
Signature of Person Returning Instrument: _____
Date Returning Instrument: ____/____/____ Received By: _____
Or Received Via:
USPS ____ UPS ____ FedEx ____ Other _____
Date Receiving Instrument: ____/____/____ Air Bill No. _____
Attach shipping paperwork (if any) to this worksheet.

Instrument Transfer Information Entered Into the Equipment Database:
Date of Action 15, NOV, 2012 By: Deb Keshur



Return Material Authorization Form

This form **MUST** be completed and enclosed with item(s) being returned.
Failure to complete and return this form may cause delays in crediting / repairing.

1. Item(s) Returned: Instrument Supplies Other
(Note: please ship items in their original shipping container(s) or a similar protective box.)

2. Instrument Model: 8000 Serial Number 80-003067

3. Bill To Address: Crime Lab Division 2641 E. Main Ave Bismarck, ND 58501-5044
Ship To Address: Crime Lab Division 2641 E. Main Ave Bismarck, ND 58501-5044

4. Reason for Return: Note - If you are sending an item for repair, please give a detailed description of the problem. Please list any special instructions that you may have concerning this return. Note - Returns for credit may be subject to a 15% restocking charge.
RAM error in the field.

5. Purchase Order Number (attach a copy of P.O. if applicable) _____

Please Choose One of the following Options:

6. I Authorize All Repairs: Yes No

7. I Authorize Repairs Up To: \$ _____

8. I Require An Estimate Regardless of Cost Yes No

Please contact: Name Deb Kashur
Phone: (701) 328-6159 Fax: (701) 328-6185 email: _____

Note: An evaluation fee will apply to estimates that are not repaired.

Authorized By:
Deb Kashur
Name (Please Print)
Deb Kashur 13 NOV 2012
Signature Date