

PARTS REQUEST FORM



3942 VALLEY AVENUE
 BUILDING K
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 FAX 925.369.7200

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 www.clancymachinetool.com

DATE: _____ TIME: _____

BILL TO:

SHIP TO: (If different from Bill To)

Customer: _____
 Address: _____
 City: _____
 Contact: _____
 Phone: _____

Customer: _____
 Address: _____
 City: _____
 Email Address: _____
 Fax: _____

PLEASE FILL OUT COMPLETELY

Machine Make / Model:		Serial #:	
Is machine down?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Warranty:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Qty.	Part #	Description	NOTES:
Qty.	Part #	Description	
Qty.	Part #	Description	
Qty.	Part #	Description	

Part Requested By: Customer OR CMT Tech (circle one) Work Order # _____

CMT Tech Name: _____

FOR INTERNAL USE ONLY

PART TO COME OUT OF: <u>SUPPLIER</u> <input type="checkbox"/> Yes		<u>CMT INVENTORY</u> <input type="checkbox"/> Yes	
Vendor Name:		Checked out by:	
Phone Number:		Re-order Date:	
Quoted By:		PO #	