

**FACILITIES WAREHOUSE**

**RADIO REQUEST FORM (FM&D EMPLOYEES ONLY)**

Print Name:

Shop/Department:

Telephone Number:

I would like to purchase a new radio.

I would like to purchase a replacement battery for my radio.

I would like to purchase a replacement radio battery charger.

My radio needs repair work: Radio ID#: Radio Call#:

Please describe symptoms:

Chartfield String to be charged:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Fund  (5 digits) | Dept. ID  (6 digits) | Account  (6 digits) | Program  (5 digits) | Grant/Project  (6 digits) | Class  (5 digits) |
|  |  |  |  |  |  |

Supervisor Approval:

Print Name:

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

Please send or fax this form to:

[kwelz@calpoly.edu](mailto:kwelz@calpoly.edu)

Facilities Warehouse Bldg. 70A Office: 6-5169 Fax: 6-0122