



CODEBLUE
Biomedical Services, Inc.



2917 S. 160TH STEET
NEW BERLIN, WI. 53151
TEL: 800-989-4909
INFO@MESASALES.COM

**EQUIPMENT SERVICE REPORT
and
PROFORMA INVOICE**

It is the customer's responsibility to fill out items in red **Make checks payable to : "Mesa Medical, Inc"**

Ship To	Bill To
Address	Address
City, State, Zip	City, State, Zip
Contact	Telephone () x

<input type="checkbox"/> Estimate Required	Operation/Calibration per Mfg. Specs.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Equipment Repair	Electrical Safety per NFPA Standards	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PM/OVP/ESI***	Visual Inspection	<input type="checkbox"/>	<input type="checkbox"/>

Location of Instrument	Date
Equipment No	Customer P.O. No
Manufacturer	Description of Instrument
Model	Serial

***PM - Preventative Maintenance/OVP - Operational Verification Performance/ESI - Electrical Safety Inspection

Problem Reported/Found: _____

Action Taken: _____

PARTS			
Part Number	Quantity	Description	Price
PARTS TOTAL			

Customer Charge					
<input type="checkbox"/> Parts & Labor <input type="checkbox"/> Parts Only <input type="checkbox"/> Labor Only					
		Hours		Rate	
Charges	Reg	O/T		O/T	Total
Labor					
Travel					
Zone	circle one	1 • 2 • 3 • 4 • 5 • 6			
Mileage	_____ Miles at _____				
Parts					
Misc. (Tolls, Parking, Telephone, etc.)					
Travel Expenses (Airfare, Hotel, Auto Rental, etc.)					
Calibration					
Parts Only	<input type="checkbox"/> Taxable	<input type="checkbox"/> Non-Taxable	% Sales Tax		
Shipping & Insurance					

ACCESSORIES RECEIVED: _____ _____ _____	Received by: _____ Shipped in <input type="checkbox"/> Customer Brought In <input type="checkbox"/> Code Blue Personnel <input type="checkbox"/>	Initials <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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TOTAL

Non Customer Charge

Parts calb. Hrs. Warnty Hrs. Call Back Service Contract Hrs. Absorb Hrs.

JOB COMPLETED Yes No

Customer Signature* _____ Date _____ Technician's Signature _____

*I am an authorized representative. My signature indicates acceptance of the parts/service and guarantees payment. **Make check payable to Mesa Medical**