



SYRACUSE CITY SCHOOL DISTRICT

Department of Safety and Security
725 Harrison Street · Syracuse, NY 13210
Phone 315·435·4527 · Fax 315·435·4109

Sharon L. Contreras
Superintendent of Schools

MEMORANDUM

TO: School Principals
FROM: Thomas Ristoff, Director of Security & Safety
DATE: September 2011
SUBJECT: Walkie Talkie Radio Repair and Purchase

REPAIR:

Fill out an Equipment Repair Form (See Secretary for blank forms) 1 for EACH item to be repaired.
Package up and mail to

Equipment Repair Department / BOVA-Purchasing / Attn: Deanne Dwyer 435-5853

Name and Make including Serial Number: _____

Building and Room location: _____
[Without Bldg / Location / Contact Name they will not know whom to return to]

State problem in detail: _____

Requested by [Administrator's Signature] _____

Purchase new - Specifications:

Fill out and submit a new Purchase Requisition Form and send to **PURCHASING**

United Radio
5703 Enterprise Parkway
Syracuse, NY 13057
(315) 446-7181

State Contract #: **PT62491**
Vender #: **55389**

Approximate Price per Unit: **\$219.00 EA – call United Radio for a quote**

Description: **TK - 3302 Kenwood 4-Watt / 16 Channel Portable Radio**
Programmed with Syracuse City School District narrow band frequency
[INDICATE YOUR SCHOOL / CONTACT NAME / PHONE NUMBER]



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EQUIPMENT REPAIR FORM INSTRUCTIONAL & MUSICAL (NOT AUDIO VISUAL/COMPUTERS)

P.O. #

IMPORTANT

USE A SEPARATE REPAIR FORM FOR EACH ITEM TO BE REPAIRED.

NAME AND MAKE INCLUDING MODEL AND/OR SERIAL #	BUILDING & ROOM	STATE PROBLEM (BE SPECIFIC)
<p><u>RADIO TYPE:</u> TK-3302 Kenwood 4-Watt 16 Channel Portable Radio Serial #: 00-3k309878 (SAMPLE INFORMATION)</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">Main Office Room 100</div>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;">Program with SCSD Narrow Band frequency</div> <p>REQUEST REPAIRS TO BE COMPLETE BY: _____</p>
<p>REQUESTED BY: (Person Requesting Repair)</p> <div style="border: 1px solid black; padding: 2px; margin: 5px 0;">Your Name / Building / Phone</div> <p>ADMINISTRATOR'S APPROVAL</p> <p>SIGNATURE: <u>Signature here</u></p> <p>DATE: _____</p>	<p>BUSINESS OFFICE APPROVAL (This Part for Business Office)</p> <p>VENDOR: _____ QUOTE</p> <p>COMMENTS: _____</p> <p>DATE: _____ SIGNATURE: _____</p>	

BUSINESS OFFICE COPY

P.O. # _____ **COMPLETION STATEMENT** **ER 02212**

UPON COMPLETION TEAR THIS PART AT PERFORATION AND RETURN TO EQUIPMENT REPAIR DEPT. (CENTRAL OFFICE)

COMPLETION DATE: _____ VENDOR: _____ A.M. OR P.M. CHECK ONE

APPROXIMATE TIME WORK BEGAN: _____ A.M. OR P.M. CHECK ONE

APPROXIMATE TIME WORK ENDED: _____

WHEN WORK HAS BEEN SATISFACTORILY COMPLETED AND PAYMENT SHOULD BE MADE, PLEASE SIGN BELOW AND RETURN COMPLETION STATEMENT TO PURCHASING, CENTRAL OFFICES.

SIGNATURE: _____ DATE: _____

COMMENTS ON VENDOR PERFORMANCE ARE WELCOME.
YOUR WRITTEN COMMENTS MAY BE ATTACHED TO THIS COMPLETION STATEMENT FOR REVIEW BY PURCHASING. THANK YOU!

THIS IS JUST A SAMPLE FORM

