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**Customer Contact:**

City of Scottsdale  
 7447 E Indian School Rd  
 SCOTTSDALE AZ 85251-3922  
 USA

**TAX ID :**

Patrick Kosecki  
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 480-312-5284

**Invoice To:**

Specialty Underwriters LLC  
 9667 S 20th St  
 OAK CREEK WI 53154-4931  
 USA

**SERVICE REPORT**

<b>Customer Purchase Order Number:</b> 10182999	<b>Customer Number:</b> 70003110
<b>Service Request:</b> 8100964896	<b>Service Request Date:</b> August 03, 2016
<b>Service Order:</b> 6001519348	<b>Service Confirmation:</b>

**Delivery Site:**

City of Scottsdale  
 7447 E Indian School Rd  
 SCOTTSDALE AZ 85251-3922  
 USA

**Direct Inquiries to:**

Contact Name: Customer Contact Center  
 Contact E-mail: [soclosurerequest@agilent.com](mailto:soclosurerequest@agilent.com)  
 Contact Telephone: 800 227 9770 Option 3, 1 7648#  
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**Location:**

**Room**  
**Bldg**  
**Lab**  
**Dept**

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Federal Tax ID: 77-0518772

Beneficiary Bank: Bank of America  
 SWIFT: BOFAUS3N  
 Beneficiary Account: 12331-31561  
 Beneficiary Name: Agilent Technologies Inc

ORIGINAL

**Service Confirmation Number:**

**Service Confirmation Date:** September 19, 2016

**Service Instrument:**

<b>Model Number</b>	<b>Model Description</b>	<b>Serial Number</b>	<b>System Handle</b>	<b>Parent Asset</b>
SYS-GC-7890-E	GC 7890 System Enhanced GC Features		SYS-GC-7890-E	
G4557A	7697A Headspace Sampler, 111 Vial	CN14160045	SYS-GC-7890-E	SYS-GC-7890-E
G3445B	7890 Series GC for Analyzers	US14173023	SYS-GC-7890-E	SYS-GC-7890-E

**Service Items:**

<b>Item</b>	<b>Service/Part #</b>	<b>Description</b>	<b>Qty</b>	<b>Entitlement</b>	<b>Service Start</b>	<b>Service End</b>
10	PIPM	Per-incident Preventive Maintenance	1.00	Trade	08/18/2016	08/18/2016
20	G4556-67011	7697A Standard PM Kit	1.00	Trade		
30	G1531-80560	Jet, Capillary Optimized, 0.29mm ID	2.00	Trade		
40	5188-6497	QuickPick Splitless Inlet/Vent PM Kit	2.00	Trade		

**Additional Information:**

**Service Information:**

<b>Problem Description:</b> Aug 2016 PM/ US14173023		
<b>Service Provided:</b> PM of GC and HS completed as per the respective PM checklists. All tests passed.		
<b>Service Overview Code:</b> Reason Code: Diagnosis Code: N/A Scheduled Service Resolution Code: Scheduled Service		
<b>Reported Hours:</b> 3.0	<b>Travel Hours:</b> 2.5	
<b>Customer Field Service Representative Name:</b>	<b>Customer Field Service Representative Signature:</b>	<b>Date:</b>
<b>Customer Name:</b>	<b>Customer Signature:</b>	<b>Date:</b>
<b>Additional Comments:</b>		