Texas State Library & Archives Commission

Service Detail Form

Vendors are required to sign-in with TSLAC staff at the facility.

This form is required for services to agency equipment or property. This form <u>MUST</u> be completed for each visit and accompanied with the invoice.

Failure to send invoice with this form to Accounts Payable (AP@tsl.texas.gov) will result in delay of payment.

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Company Name				
Associated Invoice No	Date	Arrival T	ime I	Depart Time
Model No (if applicable)		Serial No (if applicable)	
Model No (if applicable)		Serial No (if applicable)	
Model No (if applicable)	Serial No (if applicable)			
Model No (if applicable)	Serial No (if applicable)			
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Reason for Visit				
Description of service (please confirm below w	hether service is compl	ete or if follow-up is needed	Service Under	Warranty (please check box)
	1			1 .
Part Number	Part Description			Price
Technician Name			Number of hours	Hourly Rate
			Total Cost	
				•
Technician Signature	Technician Printed Name			
TSLAC Signature TSLAC P		TSLAC Printed N	ited Name	