

# Satellite Inventory Change Request Form

Satellite # \_\_\_\_\_

Date \_\_\_\_\_

Submitted By \_\_\_\_\_

Phone # \_\_\_\_\_

Approved by \_\_\_\_\_

Phone # \_\_\_\_\_

*(Team Manager signature, or email address for online approval)*

Check one:      Add part(s)      Remove part(s)      Service/Product Concern  
                         to stock                      from stock

## Requested Change:

COMPASS Part #	Item Description	Qty
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Service/Product Concern:

\_\_\_\_\_  
\_\_\_\_\_

## Resolution History:

Received in Stores by \_\_\_\_\_ Date \_\_\_\_\_

Date Completed \_\_\_\_\_

**Please forward to UMarket Services    FAX: 4-5778    Email: [parlevel@umn.edu](mailto:parlevel@umn.edu)**

Rev: 2016/05/06