

COSC 130 Lab Kit Return Sheet

Student's Name: _____

Student's Signature: _____

Purchase Date: _____

Purchase Method:

Cash

Card

Reason for Return:

Malfunctioning

Dropped Class

TA Name: _____

TA Signature: _____

Test Code Loaded

Unable to load Test Code

Development Board

Functioning Properly

Malfunctioning

Multi-Function Board

Functioning Properly

Malfunctioning

If malfunctioning, short description of problem (i.e. buttons/leds not working)

OFFICE USE ONLY

RECEIPT

DEVELOPMENT BOARD

PART STORE SIGNATURE _____

USB

MULTI-FUNCTION BOARD

BUSINESS OFFICE SIGNATURE _____

DATE _____

AMOUNT OF REFUND _____

METHOD _____