



PO Box 3915 | Guaynabo, PR 00970-3915
T 787.753.7700 F 787.766.7712
E servicedesk@mlg-avc.com

Installation / Programming

INVOICE Number: _____

Customer	Start Date: 3/3/2017	By: J. Feliciano / D. Delgado
UPR-Rio Piedras	Customer PO:	
Administración de Empresas	Contact Name & Phone:	
Río Piedras, PR	Comments:	

Room Name or Number: _____

Description of Installation Performed

AMO 212: Receiver Liberty Dañado
AMO 304: Verificar programación de IR a 232
AMO 306: Placa Liberty HDMI roto
AMO 308: Placa Liberty HDMI roto
AMO 309: Placa Liberty HDMI roto
AMO 406: Placa Liberty HDMI roto
AMO 409: Placa Liberty HDMI roto

Installer Name: _____ Date of Completion: _____

BELOW TO BE COMPLETED BY CUSTOMER – ANY CONCERNS PLEASE EMAIL TALVARADO@MIG-AVC.COM

To be fill by customer: Yes _____ No _____ System functioning properly as customer expectations
Yes _____ No _____ Training on the use of the systems
Yes _____ No _____ Work area clean

Customer Feedback

Customer email address _____

Customer Name: Candido O'Farrell

Customer Signature: Candido O'Farrell



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Description of Installation Performed

AMD 402: Se arreglo IR del monitor esta funcionando Ok
Osuna 213: Todo bien, Se remplazo cable de HDMI del WE PRESENT al TV
Osuna 229: Todo bien, we present no tiene firmware
Osuna 315: Se cambio programación de 232 a 1R
Osuna 317: Todo bien proyector esta por 1R
Osuna 318: No se pudo trabajar cerrado por Asbesto
Osuna 319: Placa Liberty HDMI roto

Installer Name: _____ Date of Completion: _____

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To be fill by customer: Yes _____ No _____ System functioning properly as customer expectations
Yes _____ No _____ Training on the use of the systems
Yes _____ No _____ Work area clean

Customer Feedback

Osuna 213: No tenia cable de HDMI de We present
al monitor se le dejo uno nuevo.

Customer email address _____

Customer Name: Candela O'Farrill Customer Signature: Candela O'Farrill



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Description of Installation Performed

Osuna 414: Todo bien
Osuna 415: Todo bien

Installer Name: _____ Date of Completion: _____

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To be fill by customer: Yes _____ No _____ System functioning properly as customer expectations
Yes _____ No _____ Training on the use of the systems
Yes _____ No _____ Work area clean

Customer Feedback

Customer email address _____

Customer Name: C.

Customer Signature: _____