Equipment Service/Repair Request Form

Last Name: _____   First Name: _____

Department: _____   Extension: _____

ITS Asset Number: _____   Make/Model: _____

Type of Service Requested

Remember to attach your ITS quote/equote to this form

☐ Printer Service/Repair   ☐ Scanner Service/Repair   ☐ Computer Service/Repair

☐ Other - Please describe: _____

Purchase Approval

I authorize ITS to charge up to the amount of $_____ plus tax and shipping as necessary, for the service listed

Spend Category Label [_____]

Program	Project	Grant	Gift	Cost Center	Fund	Function

Purchase Approval - Account Administrator

_____   _____   _____
Print Name   *Signature*   *Date*

Account/Fund Verification and Approval

Account/Fund Verification - Treasurer's Office

_____   _____   _____
Print Name   *Signature*   *Date*

Completed forms should be submitted to: **ITS Purchase Requisition Request (Staff Purchases)**
Instructional Technology Services
Roberts South, Room12

Completed by ITS

ITS Approval:

_____   _____   _____
Print Name   *Signature*   *Date*

Ordered By: _____   Date Ordered: _____

Vendor: _____   PO#: _____