

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	
Other - Please describe:		
Purch	ase Approval	
I authorize ITS to charge up to the amount of \$plus tax and shipping as necessary, for the service listed above.		
Spend Category Label		
Program Project Grant	Gift Cost Center Fund Function	
Purchase Approval - Account Administrat	tor	
Print Name	Signature Date)
Account/Fund Verification and Approval		
Account/Fund Verification - Treasurer's O	Office	
Print Name	Signature Date	
Completed forms should be submitted to:	ITS Purchase Requisition Request (Staff Purchase Instructional Technology and Client Services Roberts South, Room12	s)
	ted by ITS	
ITS Approval:		
Print Name	Signature Date	
Ordered By:	Date Ordered:	
Vendor:	PO#:	