REQUISITION FOR AUDIOVISUAL EQUIPMENT REPAIRS

Date		Approval	
		Principal	
From			
Please identify the f	ollowing information pertaining	to work requests such as Great Falls number, serial number, type of	
equipment, and info	rmation pertaining to repair ne	eded. Make out in triplicate, send white copy to Instructional Materials	
		nent is to be sent in for repair). Keep pink copy for your file.	
Cerner, attach yello	w copy to equipment (ii equipm	ient is to be sent in for repair). Theep plink copy for your life.	
ITEM	GT. FALLS NUMBER OR SERIAL NUMBER	FULL DESCRIPTION AS TO JOB OR REPAIRS REQUIRED	
	F	OR OFFICE USE ONLY	
Approved By		Approved	
Approved ByAV/IMC Coordinator		ApprovedExecutive Director	
Date		Budget Code	
Work Order No		Cost of Repair	

1. **White Copy** - Instructional Materials Center 2. **Yellow Copy** - Attach to Equipment

3. Pink Copy - School Copy