REQUISITION FOR AUDIOVISUAL EQUIPMENT REPAIRS

Date _____ Approval _____
Principal

From _____

Please identify the following information pertaining to work requests such as Great Falls number, serial number, type of equipment, and information pertaining to repair needed.

ITEM	GREAT FALLS NUMBER OR SERIEAL NUMBER	FULL DESCRIPTION AS TO JOB OR REPAIRS REQUIRED

FOR OFFICE USE ONLY

Approved By _____ Approved _____
AV/IMC Coordinator Executive Director

Date _____ Budget Code _____

Work Order No. _____ Cost of Repair _____

DW-233 Rev. 4/2026