

EQUIPMENT REPAIR REQUEST

Creek View Elementary School

TO: Ronald T. Trussell or Sabrina Payne-Bland

FROM: _____

Equipment: _____ **Location/Room:** _____

Bar Code: _____ **Serial #** _____ **Model #** _____

Repair Needed: _____

Date Submitted: _____ **Date Completed:** _____

Approval: _____ **Not Approved:** _____

Yellow: Teacher

Pink: Equipment Coordinator

White: Vendor