

# REQUEST FOR EQUIPMENT USE AT SCHOOLS

DATE: \_\_\_\_\_

WORK ORDER: \_\_\_\_\_

REQUESTOR: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

(The following items will be sent to this school or department).

## TECHNOLOGY EQUIPMENT/ITEM REQUESTED:

| Description | Serial #<br>(If Applicable) | Fixed Asset #<br>(If Applicable) | Office/Room/<br>Closet # | Permanent<br>Y/N | Return<br>Date |
|-------------|-----------------------------|----------------------------------|--------------------------|------------------|----------------|
|             |                             |                                  |                          |                  |                |
|             |                             |                                  |                          |                  |                |
|             |                             |                                  |                          |                  |                |
|             |                             |                                  |                          |                  |                |
|             |                             |                                  |                          |                  |                |

\_\_\_\_\_  
Authorized Signature (Network Specialist)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director (Concurrence)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Initials