



University Equipment Repair Request Form

Date: _____

Department/Office: _____

Requesters Name: _____

Description of Equipment to be Repaired: _____

Date and Dollar Amount of Last Repair: _____

Age and Value of Equipment: _____

Repair Request: _____

Repair Cost Estimate: _____

Vendor Name: _____

Payment Method:

Purchase Order

Purchasing Card: Cardholder Name: _____

Dept Chair or Director Approval: _____ Date: _____

Dean/VP Approval: _____ Date: _____

Once completed, please forward to Physical Plant for approval. Physical Plant will notify the department/office of the final decision. Repairs not approved by the Physical Plant will be the responsibility of the department/office.

For Office Use Only:

Date Received: _____

Physical Plant Approval: _____

Date Approved: _____ Date Denied: _____

PO# Assigned: _____