

## GTCC

### REQUEST FOR OFF-CAMPUS EQUIPMENT REPAIR

This form should be completed for each piece of equipment requiring repair at an off-campus facility. The department requesting the repair must have this form completed, and approved, by both the Department Head/Supervisor and Inventory Control. In case of an emergency, a verbal PO# will be issued. This form should be completed and forwarded to Inventory Control within three (3) working days. The using department is responsible for making all arrangements for the repair. Procedures for the repair of equipment are outlined in the Central Services Regulations and Procedures Manual, page 15.

Date of Request:

Department:

Requested By:

State ID Number (838):

Serial Number:

Item Description:

Current Location of Item: Bldg.

Room #

Repair Facility:

Reason for Repair:

Repair Purchase Order Number:

Completion/Return Date:

**APPROVED BY:** \_\_\_\_\_ **Date:**  
(Department Head/Supervisor)

Forward this form to Inventory Control, Central Services Division.