

PARTS REQUISITION – *for TECHNICIANS*

Anything being used to repair existing equipment—NOT new equipment purchases

Technicians please complete 3 top portions and forward to school/department personnel.
School/department personnel please complete bottom portion and email form to Tabitha Moneymaker.

Date: _____ School/Department: _____

WORK ORDER # (if applicable): _____

For (Dept/Room/Name): _____

Technician: _____

PART INFORMATION

Exact/Manufactory Name of Part needed: _____

For (Device Type): _____

Part / Item #: _____

DELL Service Tag # (If Applicable): _____

VENDOR INFORMATION

Vendor Name: _____

URL Link: _____

Vendor item/part #: _____

To be completed by School/Department Personnel:

_____ This will be School FUNDS \$\$\$ – SCHOOL P.O.# _____

_____ This will be a District/*SYSTEM* P.O. ACCT. # listed below.

20 - _____ - 0 - _____ - _____ - _____ - _____

School Admin/Secretary: _____

SUBMIT FORM