



# ACT EQUIPMENT REPAIR REQUEST

School Name \_\_\_\_\_ Date \_\_\_\_\_

Teacher Name \_\_\_\_\_ Room # \_\_\_\_\_

Name of Program \_\_\_\_\_

Name of Item to be Repaired \_\_\_\_\_ PR # \_\_\_\_\_

Vendor Name (who was this equipment purchased from)

\_\_\_\_\_

Vendor Address \_\_\_\_\_

Vendor Telephone Number \_\_\_\_\_

Please explain in detail the problem you are having with this item.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** If the item to be repaired as part of the physical plant of your school or purchased through school funding you will need to contact your site administrator to put in the work order (ex.: window leaks, A/C does not work, roof leaking, etc.)

Date repair request received by ACT Department \_\_\_\_\_

Date submitted for repair \_\_\_\_\_

Date repaired item returned to teacher \_\_\_\_\_