

Technology/Audio Visual Work Order

Campus _____ Teacher's Name: _____ Date _____ Room # _____ Grade Level _____

Type of Computers _____	Type of Printer _____	Audio Visual _____
ACER _____	HP _____	OVERHEAD PROJECTOR _____
DELL _____	EPSON _____	EYB/ENX/DYX OVERHEAD _____
		LIGHTBULBS _____
HP _____	OTHER _____	TV _____
MAC _____		VCR _____
IMAC _____		Typewriter / Office Equipment _____
Cable Patch Cords _____		CD/Cassette player/Boom box _____
OTHER _____		

Please Check Items that Apply:

- *Problem with computer _____
- *Problem with printer _____
- *Need software _____
- *Internet not working _____
- *Request for internet drop _____
- *Slow internet connection _____

Model _____
Ta _____
Bar Code _____
S / N _____

Explain the problem in detail: (Please specify any error message displayed on computer screen & when the error occurs?)

Teacher or Principal Signature/Date

Technician Signature / Date

Internal Control /Feedback

Date: _____

Work Order#: _____

Solution _____

Recommendation: _____

Follow Up: _____

(Please Submit Form to Campus Front Office / Technology Dept.) Designated Area

Original--Technology Dept.
Yellow -- Technician
Pink ---- Campus/Dept.