# AUDIO-VISUAL/CAMERA/COMPUTER EQUIPMENT SIGN OUT
# IT SERVICE/REPAIR REQUEST FORM

*7473 Parklane Road • Columbia, SC 29223*

**CONTACT INFORMATION:**

**Date Submitted:**

**Division/Department:** **Location:** Select Location

**Name of person requesting service:** **Phone Number:**

**Date(s)/Time(s) of Equipment Use:** **Location of Equipment Use:**

## *TYPE OF SERVICE REQUESTED: *Check all that apply.*

| COMMUNICATION SERVICES | | |
|---|---|---|
| ☐ Desktop Computer | ☐ BizHub Copier(s) | ☐ Projector Screen *(6' or 8')* |
| ☐ Laptop | ☐ Fax Machine | ☐ Extension Cords |
| ☐ Monitor | ☐ Camera/DVR Unit | ☐ Microphones |
| ☐ Printer | ☐ New Employee Setup | ☐ Digital Camera |
| ☐ Telephone Service | | ☐ CD Player |
| ☐ Telephone Equipment | **AV EQUIPMENT SIGN OUT** | ☐ Other *(please provide information below)* |
| ☐ Telephone Setup/Programming | ☐ Monitor | **INK REQUEST** |
| ☐ Internet Service Down *(provider)* | ☐ Laptop | Printer Model#: |
| ☐ Internet Service Intermittent *(provider)* | ☐ Speakers | Ink Catridge#: |
| ☐ Desktop Speakers | ☐ Sound System | |
| ☐ Install/Upgrade/Update Software | ☐ Projector *(for laptop use)* | |

**Please provide a detailed description of the service requested** *(or provide attachment).*

*Employee Signature* *Date*

*Director Signature* *Date*

*Division Head Signature* ***(required for laptops)*** *Date*

## IT DEPARTMENT: *(This section will be filled out by IT Staff Only)*

**Date started:** **Date completed:** ☐ Approved ☐ Disapproved

**Ink ordered:** **Ink delivered:**

**Action taken:**

**Action pending:**

**Other:**