

DATE: \_\_\_\_\_

## Pecos Independent School District North Hwy 63, P.O. Box 368 Pecos, NM 87552 Phone: 505-757-4700 Fax: 505-757-8721



## **Technology Department Help Desk Support Request Form**

Room #	Bu	ilding		Staff Member Name	
WHEN DID THE PROBLEM BEGIN:					
PROBLEM: (EXPLAIN FULLY)					
Tech Office Repair Notes					
Date Form Receive	ived Date of Site Visit			Signature of Staff Member	
REPAIR Notes: [ ] Hardware [ ] Software [ ] Network [ ] Peripherals					
Part Ordered	· ·	COST	Pa	art Ordered	COST
	\$	)			\$
Data Danain Canadata I			TOTAL C	COST OF PARTS	\$
Date Repairs Completed:					
Technician Signature:					