SERVICE SLIP

Name of School:		Date:
Contact Person:	Designation:	Tel. No:
Address:		School ID:

Model:	Serial No:	Action Taken:
Description:		
☐ Warranty	☐ Out of Warranty	
☐ Under Contract	☐ Other Supplier	
Complaint(s)		

QUANTITY	UNIT DESCRIPTION	SERIALNO.	UNIT PROBLEM

Requested by:

_____
School Principal