



## **Cart Repair/Maintenance Form**

**\*\* This form must be submitted with a work request for any repair/maintenance on carts \*\***

Requestor's Name: \_\_\_\_\_

Date: \_\_\_\_\_

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### **Cart Information**

Location of cart: \_\_\_\_\_

Description of problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CSU Inventory #: \_\_\_\_\_

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### **Payment Information**

Department: \_\_\_\_\_

Department ID #: \_\_\_\_\_

Account #: \_\_\_\_\_

Fund: \_\_\_\_\_

Program: \_\_\_\_\_

Class: \_\_\_\_\_

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Departmental Approval Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_