

Seton Computer Service Request

Name _____

Date / /

Password _____

___ Software problem

___ Video Problem

___ Keyboard not working

___ Not charging

___ Cracked Screen

___ Case damage

___ other

Describe the problem

-----Technician use only below this line-----

Technician _____

work started date / /

Repair action taken

Estimate given (if Billable) Y / N

Invoice created Y / N

Date returned / /

Route to Entrepreneurship for billing completion (if needed)