DUVAL COUNTY PUBLIC SCHOOLS
SCIENCE OFFICE
MICROSCOPE AND BALANCE REPAIR AND MAINTENANCE FORM

PRINT:
NAME OF SCHOOL:____**SCH NO**: ______________

SCIENCE CHAIRPERSON: ____**PHONE NUMBER**______________

RM #	QTY	DESCRIPTION	BPI NO#	SERIAL #	REPAIR NEEDS

DO NOT WRITE BELOW THIS LINE:

- -

No. of Items: _____________ **Charge to: RC #3649/10003/6300/350**

Amount Authorized: _____________ **Priority #: ___________**

____
SIGNATURE: SCIENCE SUPERVISOR

RETURN TO: **RUTH SENFTLEBER, SUPERVISOR**
SCIENCE OFFICE – ADM. BLDG. #3001 – 3RD FLOOR
FAX: 390-2614

REVISED 3/20/09