

## I.C.T. REQUEST AND MAINTENANCE REPORT FORM

Equipment:  Desktop Laptop Projector	Others	Services:  Diagnostic Software Posting Others	
		Details:	
			'
Other Details:			
Requested by:		Received by:	
	Signature over Printed Name	MIS Officer	ļ
Department/Division:		Date/Time:I.C.T. Request No.:	!
Date/Time:		Approved by:	
		EMMANUEL A. ZARATE Acting Head, MISD	
SERVICES			
EQUIPMENT		Diagnosis:	
Action Taken:		_	
	Date/Time:	Action Taken:	
End User			_
Returned by:	Date/Time:	Attended by: Date/Time:	
A , 11	D / /T:	MIS Officer	
Accepted by:	Date/Time:	2 000, 11110.	—
	Date/Time:	End User  Data/Time:	
EMMANUEL A. ZARATE		Noted by: Date/Time:	_
Acting Head, MISD		Acting Head, MISD	

**TOURISM PROMOTIONS BOARD PHILIPPINES** 

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