

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

Equipment: <input type="checkbox"/> Desktop <input type="checkbox"/> Others <input type="checkbox"/> Laptop _____ <input type="checkbox"/> Projector _____	Services: <input type="checkbox"/> Diagnostic <input type="checkbox"/> Others <input type="checkbox"/> Software _____ <input type="checkbox"/> Posting _____
Date/Time Required: _____ Venue: _____ Other Details: _____	Details: _____ _____ _____
Requested by: _____ <div style="text-align: right; margin-left: 150px;">Signature over Printed Name</div> Department/Division: _____ Date/Time: _____	Received by: _____ <div style="text-align: right; margin-left: 150px;">MIS Officer</div> Date/Time: _____ I.C.T. Request No.: _____ Approved by: _____ <div style="text-align: right; margin-left: 150px;">EMMANUEL A. ZARATE Acting Head, MISD</div>

SERVICES

EQUIPMENT	SERVICES
Action Taken: _____ Accepted by: _____ Date/Time: _____ <div style="text-align: center; margin-left: 50px;">End User</div> Returned by: _____ Date/Time: _____ Accepted by: _____ Date/Time: _____ <div style="text-align: center; margin-left: 50px;">MIS Officer</div> Noted by: _____ Date/Time: _____ <div style="text-align: center; margin-left: 50px;">EMMANUEL A. ZARATE Acting Head, MISD</div>	Diagnosis: _____ Action Taken: _____ <hr/> Attended by: _____ Date/Time: _____ <div style="text-align: center; margin-left: 50px;">MIS Officer</div> Attested by: _____ Date/Time: _____ <div style="text-align: center; margin-left: 50px;">End User</div> Noted by: _____ Date/Time: _____ <div style="text-align: center; margin-left: 50px;">EMMANUEL A. ZARATE Acting Head, MISD</div>

TOURISM PROMOTIONS BOARD PHILIPPINES