

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

QF-MISD-01	Rev-01
02/1	0/2020

Equipment: Desktop Others Laptop	Services: Others Software Others Posting Others	
Date/Time Required:	Details:	
Venue: Other Details:		
Requested by:	Received by:	
Signature over Printed Name Department/Division:	Date/Time:I.C.T. Request No.:	
Date/Time:	Approved by:	
	Acting Head, MISD	
SERVICES		
EQUIPMENT	Diagnosis:	
Action Taken:		
Accepted by: Date/Time:	Action Taken:	
End User		
Returned by: Date/Time:	Attended by: Date/Time:	
	MIS Officer	
Accepted by: Date/Time:	Attested by: Date/Time:	
MIS Officer	End User	
Noted by: Date/Time:	Noted by: Date/Time:	
NOLIE JAY A. RAFER Acting Head, MISD	NOLIE JAY A. RAFER Acting Head, MISD	

TOURISM PROMOTIONS BOARD PHILIPPINES

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