

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

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

**SERVICES**

<b>EQUIPMENT</b>	<b>DIAGNOSIS</b>
<b>Action Taken:</b> _____ <b>Accepted by:</b> _____ <b>Date/Time:</b> _____ <div style="text-align: center;">End User</div> <b>Returned by:</b> _____ <b>Date/Time:</b> _____ <b>Accepted by:</b> _____ <b>Date/Time:</b> _____ <div style="text-align: center;">MIS Officer</div> <b>Noted by:</b> _____ <b>Date/Time:</b> _____ <div style="text-align: center;"><b>NOLIE JAY A. RAFER</b> Acting Head, MISD</div>	<b>Diagnosis:</b> _____ <b>Action Taken:</b> _____ <hr/> <b>Attended by:</b> _____ <b>Date/Time:</b> _____ <div style="text-align: center;">MIS Officer</div> <b>Attested by:</b> _____ <b>Date/Time:</b> _____ <div style="text-align: center;">End User</div> <b>Noted by:</b> _____ <b>Date/Time:</b> _____ <div style="text-align: center;"><b>NOLIE JAY A. RAFER</b> Acting Head, MISD</div>

**TOURISM PROMOTIONS BOARD PHILIPPINES**

4th Floor, Legaspi Towers 300, Roxas Boulevard corner P. Ocampo, Sr. St., Malate, Manila 1004 Philippines  
Tel: +63 2 8525.9318 to 27 • Fax: +63 2 8521.6165 / 8525.3314 • Email: info@tpb.gov.ph • Website: www.tpb.gov.ph