

I.C.T. REQUEST AND MAINTENANCE REPORT FORM

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

TOURISM PROMOTIONS BOARD PHILIPPINES

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