

I.C.T. REQUEST AND MAINTENANCE REPORT FORM

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

TOURISM PROMOTIONS BOARD PHILIPPINES

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