

I.C.T. REQUEST AND MAINTENANCE REPORT FORM

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

Equipment: Others Desktop Others Laptop Others Projector Others	Services: Others Diagnostic Others Software Others Posting Others	
Date/Time Required:	Details:	
Requested by:	Received by:	
Signature over Printed Name Department/Division:	MIS Officer Date/Time:I.C.T. Request No.:	
Date/Time:	Approved by:	
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: NOLLIE JAY A. RAFER Acting Head, MISD	Noted by: Date/Time: NOLLIE JAY A. RAFER Acting Head, MISD	

TOURISM PROMOTIONS BOARD PHILIPPINES

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