

Request ID #: _____



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MIS SERVICE REPORT

MANAGEMENT INFORMATION SYSTEM

JOB ORDER

Site: <input type="checkbox"/> Office <input type="checkbox"/> Store <input type="checkbox"/> Farm <input type="checkbox"/> Depot	Type of Request: <input type="checkbox"/> New <input type="checkbox"/> Back-Job
Dept. / Store / Farm:	Date & Time Started:
Requested by:	Date & Time Finished:
Contact #:	Urgency: <input type="checkbox"/> Normal <input type="checkbox"/> Low <input type="checkbox"/> High <input type="checkbox"/> Urgent

C A T E G O R Y

ELECTRONIC SUPPORT	MIS HARDWARE/TECHNICAL SUPPORT AND SERVICES
<input type="checkbox"/> SM100 Weighing Scale <input type="checkbox"/> Platform <input type="checkbox"/> Table Top <input type="checkbox"/> Floor Scale <input type="checkbox"/> Truck Scale <input type="checkbox"/> Rail scale	<input type="checkbox"/> Desktop Support <input type="checkbox"/> Hardware <input type="checkbox"/> Software Application <input type="checkbox"/> Operating System <input type="checkbox"/> Web <input type="checkbox"/> Files / Data <input type="checkbox"/> Network <input type="checkbox"/> System Unit (CPU) <input type="checkbox"/> Monitor <input type="checkbox"/> Keyboard <input type="checkbox"/> Mouse <input type="checkbox"/> UPS Backup <input type="checkbox"/> AutomaticVoltageRegulator (AVR)
ENTERPRISE APPS DEV'T & SUPPORT	<input type="checkbox"/> Point-of-Sale Support <input type="checkbox"/> System Unit (CPU) <input type="checkbox"/> Monitor <input type="checkbox"/> POS Printer <input type="checkbox"/> Barcode Scanner <input type="checkbox"/> Mouse <input type="checkbox"/> Keyboard <input type="checkbox"/> UPS Backup <input type="checkbox"/> Cash Drawer <input type="checkbox"/> AutomaticVoltageRegulator (AVR)
<input type="checkbox"/> System Development Support <input type="checkbox"/> Email Support <input type="checkbox"/> Oracle Support	<input type="checkbox"/> Laptop Support <input type="checkbox"/> Hardware <input type="checkbox"/> Software Application <input type="checkbox"/> Operating System <input type="checkbox"/> Web <input type="checkbox"/> Files / Data <input type="checkbox"/> Network <input type="checkbox"/> System Unit <input type="checkbox"/> Charger <input type="checkbox"/> Battery <input type="checkbox"/> Memory <input type="checkbox"/> Keyboard
USER ACCOUNT MANAGEMENT	<input type="checkbox"/> Printer Support <input type="checkbox"/> Laser Printer <input type="checkbox"/> All-in-one Printer <input type="checkbox"/> Ink-jet Printer
<input type="checkbox"/> Create New User Account <input type="checkbox"/> User Account Update <input type="checkbox"/> User Password Reset <input type="checkbox"/> User's Automated Backup	<input type="checkbox"/> Electronic Support <input type="checkbox"/> POS Order Taker <input type="checkbox"/> POS Network <input type="checkbox"/> POS Receipt
	<input type="checkbox"/> Network Connection Support <input type="checkbox"/> Wired Connection <input type="checkbox"/> Wireless Connection <input type="checkbox"/> Network File Sharing
	Category: _____ Sub-category: _____

A C T I V I T Y

<input type="checkbox"/> Installation and Configuration <input type="checkbox"/> Repair and Troubleshoot <input type="checkbox"/> Backup <input type="checkbox"/> Recovery <input type="checkbox"/> Reformat <input type="checkbox"/> Replacement / Recommendation	<input type="checkbox"/> Security Management <input type="checkbox"/> Transfer Files <input type="checkbox"/> Diagnose <input type="checkbox"/> Update Data <input type="checkbox"/> Generate Data <input type="checkbox"/> Upload Data	<input type="checkbox"/> User Account Credentials <input type="checkbox"/> Activation <input type="checkbox"/> Deactivation <input type="checkbox"/> Transfer Database <input type="checkbox"/> Cleaning, Scan and Diagnose <input type="checkbox"/> Corrective Maintenance Services
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Status: Open Close On HoldCategory System: Process Error User Error System Error Network Error N/A

ISSUE DESCRIPTION

RESOLUTION / REMARKS

Prepared by: Support/Tech 1 _____ Support/Tech 2 _____ Support/Tech 3 _____ Signature Over Printed Name / Date	Received the above equipment/s and/or service/s in good condition and working properly: _____ Signature Over Printed Name / Date
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FOR MIS ASSOCIATE USE ONLY

RECEIVED BY: _____ Signature Over Printed Name / Date	CLOSED BY: _____ Signature Over Printed Name / Date
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