

Insurance Office of America Information Technology Department

IT Maintenance Request

*****All fields marked with an asterisk (*) and outlined in red are REQUIRED*****

*Employee Name:
*Position/Title:
*Company/ EIN:
*Physical Location:
* Branch/Cost Center:
* Department:
*Date Needed
*Primary Manager:
*Reason for Request:

Hardware:

Desktop	Monitor	Printer	
Laptop	Dual Monitor Set Up		Other
Surface Pro	Battery Back-Up		(provide additional
Phone	Docking Station		information below)

Software:

AccuralImage
Adobe X Standard (Fee)
Citrix
Epic
Facsys
Great Plains
Millennium
Profit Maker
Prophet on Demand
VPN
Xebra
Other (provide additional information below)

E-mail Distribution Groups

(employees will be automatically added to groups based on company/branch/title)
***Please list any additional groups that may apply:

Additional Comments/Instructions: (ex. where equipment needs to be installed, name of employee being replaced)

— For Management Approval —

Manager Name & Signature:

Today's Date:

IT Director (if applicable)

Today's Date: