

Southern Philippines Medical Center

INTEGRATED HOSPITAL OPERATIONS AND MANAGEMENT PROGRAM (IHOMP)

ICT and Technical Assistance Request Form

Date: _____

Department/Section: _____

Nature of Work (Please Check):

- ☐ Computer and Peripherals
- ☐ Printer
- ☐ VOIP Phone
- ☐ Network Support
- ☐ Applications/Software
- ☐ Corrective Maintenance
- ☐ Set-up
- ☐ Others _____

JOB DESCRIPTION:

Requested by:

Received by:

(Print Name & Signature)

(Print Name & Signature)

Time Started: _____

Serviced By: _____

REMARKS: _____

Time Finished: _____

Client's Signature

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