

Southern Philippines Medical Center

INTEGRATED HOSPITAL OPERATIONS AND MANAGEMENT PROGRAM (IHOMP)

ICT and Technical Assitance Request Form

Date: _____

Department/Section: _____

Nature of Work (Please Check):

() Computer and Peripherals

() Printer

() VOIP Phone

() Network Support

() Applications/Software

() Anti-Virus

() 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

SPMC-F-IHOM-04

Effectivity : October 1, 2013

Rev. 0

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