



Republic of the Philippines
Department of Education
 REGION X- NORTHERN MINDANAO
 DIVISION OF MALAYBALAY CITY

ICT EQUIPMENT REPAIR REQUEST FORM

Date: _____ Office: _____
 End-user: _____ Position: _____

Part I. Equipment Details

Equipment Type: Computer Desktop/laptop
 Printer Network Devices
 Others (Pls Specify): _____

Brand: _____ Model: _____
 Serial No.: _____ Property No.: _____

Defects/Complaints:

Requested by:

 Name and Signature

Part II. Action Taken (to be filled by the ICT Unit)

Action Taken:

Recommendation:

Equipment Status After Service:
 Functional Under observation
 Unserviceable For repair to authorized ICT service center

Assisted by: _____ Accepted by: _____

 Name & Signature
 Date: _____

 Name & Signature
 Date: _____



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