



IT EQUIPMENT EVALUATION FORM

ICTC-OU Form-038

TO : _____

DATE: _____

FROM : _____
Technical Support Personnel

NOTED BY: Ma. Kristina R. Miciano
ICTC Director

This is to inform you that your computer equipment was evaluated with the following findings:

ITEM	Serial #	Property #	Remarks

Based on the findings, may I recommend that the defective part/s of the unit:

For Outside Repair/Replacement/Additional Parts

___ be replaced
Specifications: _____
___ be repaired by the Supplier /Outside Service Center
___ Transferred to _____

Budget Chargeable to: _____
Budget Available for repair/maintenance: _____
Budget Checked by: _____

Accounting Office

Approved by: _____

Dean/Chair/Dept. Head

Repair certified by: _____

ICTC TSP Team Leader



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