

**CITY INFORMATION TECHNOLOGY CENTER  
COMPUTER SERVICES REQUEST SLIP**

1. REQUESTING OFFICE/DIVISION: _____		2. DATE: _____	
3. NATURE OF REQUEST:			
<input type="checkbox"/> COMPUTER/SOFTWARE	<input type="checkbox"/> DATA/RECORD	<input type="checkbox"/> SYSTEM/PROGRAM	<input type="checkbox"/> TECHNICAL SPECS.
___ CHECK-UP/REPAIR	___ UPDATE	___ REVISION/UPDATE	<input type="checkbox"/> OTHERS
___ INSPECTION	___ ENCODING	___ NEW/UPDATE SYS. USER	_____
___ INSTALLATION/RELOCATION	___ PRINTING	___ RECOMPILE	_____
___ MAINTENANCE	___ INSTALLATION	_____	_____
4. DOCUMENTS/MATERIALS PROVIDED (if applicable)		5. SPECIAL INSTRUCTIONS	
6. DATE & TIME REQUIRED: _____		7. NO. OF COPIES (if PRINTING job is requested): _____	
8. REQUESTED BY: _____ Office Representative		9. AUTHORIZED BY: _____ Office Head/Representative	
<b>FOR CITC USE ONLY</b>			
RECEIVED BY: _____ CITC Staff		NOTED BY: _____ CITC Group Head	
Date		Date	
ASSIGNED TO: _____ CITC Staff		APPROVED BY: _____ CITC Head	
Date		Date	
RELEASED/SERVICED BY: _____		FINDINGS/PARTICULARS	
DATE/TIME START: _____		(used at the back portion if necessary)	
DATE/TIME END: _____		ACTION TAKEN:	
PROPERTY NO.: _____		(used at the back portion if necessary)	
SERIAL NO.: _____			

Findings/Particulars	Action Taken