

	FORMS	Document No	WVSU-MIS-SOI-01-Form01
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EQUIPMENT SERVICING REQUEST FORM

Document Number: _____

To be filled by Requestor:

Department/Office: _____ Equipment Description: _____

Complaints/Defects _____

_____ Date _____ Name and Signature of Requestor _____ Name and Signature of Unit/Department Head

Diagnosis (To be filled by MIS Staff) :

_____ Received by Technician _____ Date

Date and Time Initiated: _____ Date & Time Completed: _____

Type of Repair: Major Minor

Status: Repaired Installed Return to Supply PRIR No. _____

Remarks / Recommendation: _____

Approved by: _____

Louie F. Cervantes
MIS Director

Acknowledge by: _____

Name and Signature of Requestor