

	<b>FORM</b>	<b>Form No.</b>	<b>WVSU-MIS-SOI-01-F01</b>
		<b>Revision No</b>	<b>2</b>
	<b>WEST VISAYAS STATE UNIVERSITY</b>	<b>Date of Effectivity</b>	<b>August 22, 2017</b>
		<b>Issued by</b>	<b>MIS</b>
		<b>Page No.</b>	<b>Page 1 of 1</b>

**EQUIPMENT SERVICING REQUEST FORM**

<b>Document Number:</b>	
-------------------------	--

**To be filled by Requestor:**

Department/Office: \_\_\_\_\_ Description: \_\_\_\_\_

Complaints/Defects \_\_\_\_\_

\_\_\_\_\_  
 Date                                      Name and Signature of Requestor                                      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