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TUC/DICT/.../...

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COLLEGE

(A Constituent College of Chuka University)
Department of Computer Science and ICT

ICT SERVICE REQUEST FORM

CONTACT INFORMATION

PART (A): To be Filled by User Department.

Office/Location:..... Equipment Name:.....
Serial No.:..... Model:.....
Reported by:..... Phone No.:.....
Date:..... Sign:.....

TYPE OF SERVICE REQUESTED

ITEM	TICK
Desktop Computer/Laptop	
Network (<i>Internet, Intranet</i>)	
Printer/Photocopier	
System(s) (<i>ERP/Navision, Library</i>)	
User Account(s) (<i>Email/Portal(s)/E-learning/Off-Campus Library/Active Directory/WIFI access</i>)	
Technical Specifications	
Others (<i>Please specify</i>)	

REQUEST DESCRIPTION

(Please provide detailed information about your request)

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Have you backed up your data

YES	NO
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PART B: To be Filled by Information and Communication Technology Department.

Job Ticket No.:..... Received Date:..... Time.....

Task assigned to:..... Date:..... Time:.....

SUMMARY OF WORK DONE.

(Please provide observations and recommendation in case of hindrance in providing the service and/or solving the issue)

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Task Completed YES NO Date:..... Sign:.....

CONFIRMATION BY USER DEPARTMENT

(By signing below, the user confirms that the service(s) has been offered and that the comments given above by the technician are true and satisfactory)

Name:..... Sign:..... Date:.....