

THARAKA

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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 Number:

Date: Sign:

TYPES 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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AUTHORIZATION BY HEAD OF USER DEPARTMENT

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

Official Stamp

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
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 Time: Date: Sign:

CONFIRMATION BY USER DEPARTMENT

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

Name: Date: Sign:

