

INSTITUTE OF FUNDAMENTAL STUDIES
REQUEST FORM FOR COMPUTER REPAIRS & INSTALLATION

Computer Brand:.....

Location of Lab / Office No:.....

Description of fault:.....

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.....

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Requested by:.....

Name

Signature

Date

.....

Approved by Project Leader

REPORT OF THE COMPUTER UNIT

Whether job was completed Yes / No

Comments

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Replaced Parts.....

Time Spend.....

.....

.....

Date

Signature