



MASENO UNIVERSITY
OFFICE OF THE DIRECTOR ICT SERVICES
(Information and Communication Technology)

SERVICE REQUEST FORM

PART (A): To Be Filled By User Departments

OFFICE/LOCATION:..... EQUIPMENT NAME:
 SERIAL NO.: MODEL:
 REPORTED BY..... DATE:

HOD/AUTHORIZED OFFICER..... DATE:

NATURE OF FAULT/ SERVICE REQUIRED

DESCRIPTION OF FAULT

Hard/Software/Technical	
Networks/Wireless	
MIS/NAV	

PART B : To be completed by Information and Communication Technology Department.

JOB NO..... RECEIVED DATE: TIME
 JOB ASSIGNED TO..... DATE: TIME

DATE	.SUMMARY OF WORK DONE	Time Taken		No. Hrs
		From	To	
.....
.....
.....

REMARKS.....
 JOB COMPLETED ON.....

CONFIRMED BY USER DEPARTMENT

 DATE.....