

For office use

Job No:

**CENTRE FOR INSTRUMENTATION SERVICES**  
 (TERTIARY EDUCATION COMMISSION)  
**Request for Repairs Form**  
**(IT Equipment)**

(Please fill in this form separately for each instrument)

Institution: ..... Date: .....

Department: ..... Tel: .....

User's Name: .....

Equipment : ..... S/N:.....

**Brief description of problem:**

.....  
 .....  
 .....  
 .....

Faulty since when: .....

Is equipment under warranty? Yes/No

**Please send printer driver (CD) and manual together with any printer sent for repairs.**  
**Please tick appropriately the accessories sent with the above equipment.**

Monitor  Mouse  Power Cable (monitor)

Keyboard  Power Cable (PC)  Printer Cable

CDs : Number sent ..... Details .....

Manuals: Number sent ..... Details .....

.....  
 Signature of Contact Person

.....  
 Signature of Head of Department

**FOR OFFICE USE ONLY**

Received by: .....

Date: .....