

Serial No.
.....
(for official use only)

P. O Box 190 – 50100 KAKAMEGA

DIRECTORATE OF ICT SERVICES

Email: techsupport@mmust.ac.ke

SERVICE REQUEST FORM

Date...../...../20.....

(Fill in Duplicate)

PART I

Department Requesting Services..... Office No.....

TO: DIRECTOR, ICT

Could you please arrange for the following services to be carried out at our department?

.....
.....

Name.....

Signature

PART II

Comments by Director, ICT

.....
.....

Signature.....

Date...../...../20.....

PART III

Comments by IT Officer (Include materials required if any)

Date...../...../20.....

.....
.....

Name

Signature.....

PART IV

Head of Department / Section that requested for service Date...../...../20... Time:.....

I certify that the job has been carried out I) Satisfactorily

(Tick as appropriate)

II) Unsatisfactorily

Name.....

Signature