**Support ID: Date**

**Terminal troubleshooting top sheet**

**Request Receive**

|  |  |  |
| --- | --- | --- |
| Terminal No | Dept/Office | Location |
| **Requested By**  Name: Designation  Signature:  Mode of Request: Letter Email Telephone  Problem Details | | **Verified by concern Department / Office**  Name: Designation  Signature:  Issue Resolve (Yes/No): Date & Time:  Remark: |

**Action taken**

|  |  |
| --- | --- |
| **Problem details** | **Action may be taken** |
|  |  |

**Approval**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A computer troubleshooting request was received from Department /Section ……………………………dated on …………, in this connection, a technical visit was conducted to cheek the terminal and prepared one approx. budget accordingly .  If given budget is approved than the external agency ………………………………………. will be called for necessary support and installation of requisite peripheral and software.  Payment will be made against bill raised by the agency after completion of above job.   |  |  |  | | --- | --- | --- | | Sl No | Peripheral / Software | Amount | | 1 |  |  | | 2 |  |  | | 3 |  |  | | 4 |  |  | | 5 |  |  | | Total | |  | | |
| Request for approval  System Manager: | Approve by  Director: |

**Call for support**

|  |
| --- |
| Agency Details: |
| Support and Peripheral installation details  S/W Support or Peripheral warranty if any: |
| Agency Signature: |