**Support ID: Date**

**Terminal troubleshooting top sheet**

**Request Receive**

|  |  |  |
| --- | --- | --- |
| Terminal No | Dept/Office | Location |
| **Requested By**Name: Designation Signature:Mode of Request: Letter Email TelephoneProblem 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 approvalSystem Manager: | Approve byDirector: |

**Call for support**

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