INFORMATION & COMMUNICATION TECHNOLOGY OFFICE **CITY GOVERNMENT OF VALENZUELA** **PROGRAM MODIFICATION FORM**	**FOR ICTO PERSONNEL ONLY** Received by: Date: ICTPMF:

REQUESTOR'S PORTION

Department/Office:_____

Requested by *(End-User)*	Name:	Signature:
Noted by *(Department Head)*	Name:	Signature:
Date Requested		

Please check the request based on the nature of modification or error/correction:

☐**Program Modification**			☐**Program Error/Correction**		
☐**Electronic Government Application System (eGAPS)**	☐**Document Tracking**	☐**Pacific Data Resources**	☐**Electronic Government Application System (eGAPS)**	☐**Document Tracking**	☐**Pacific Data Resources**
☐ RPAS ☐ ALMS ☐ RPTMS ☐ NGAS ☐ BPLS ☐ GPS ☐ EPIS ☐ OVMIS ☐ POPS ☐ CCS ☐ BMS ☐ CDS ☐ PMIS	☐ Budget ☐ Procurement ☐ Accounting ☐ Property ☐ Treasury ☐ Mayors	☐GIS ☐ **Other Program/Application:** *(Please specify)* _____ _____ _____ _____	☐ RPAS ☐ ALMS ☐ RPTMS ☐ NGAS ☐ BPLS ☐ GPS ☐ EPIS ☐ OVMIS ☐ POPS ☐ CCS ☐ BMS ☐ CDS ☐ PMIS	☐ Budget ☐ Procurement ☐ Accounting ☐ Property ☐ Treasury ☐ Mayors	☐GIS ☐ **Other Program/Application:** *(Please specify)* _____ _____ _____ _____
Modification Description*(Provide attachment if necessary)*: _____ _____ _____ _____ _____ _____			Error/Correction Description*(Provide attachment if necessary)*: _____ _____ _____ _____ _____ _____		

ICTO PORTION

Approved by *(Department Head)*	Name: Signature:	☐ Approved Date :	☐ Disapproved Remark: _____ _____ _____

SYSTEMDEVELOPER'S PORTION

Received by	Name: Signature:	Date Received:

Evaluation Date:

☐ Approved Target Date: _____	☐ Disapproved Remark: _____ _____ _____ _____	☐ On-Hold Remark: _____ _____ _____ _____

Modification Narrative *(If applicable)*:
_____
_____
_____

Modified by	Name: Signature:	Date Modified:

END-USER'S ACCEPTANCE/APPLICATION/TESTING PORTION
(Attach screenshot if applicable)

By signing this portion, the end-user agrees that the program modification/error/correction has been accomplished based on request of the said office/department stated above.

Accepted by	Name: Signature:	Date Accepted: