



**INFORMATION AND COMMUNICATION TECHNOLOGY OFFICE  
CITY GOVERNMENT OF VALENZUELA  
PURCHASE REQUEST EVALUATION FORM**

**FOR ICTO PERSONNEL ONLY**

Received by:

Date:

ICTPREF:

Department/Office: \_\_\_\_\_

**COMPUTER DESKTOP/LAPTOP**

Desktop      Quantity: \_\_\_\_\_       Laptop      Quantity: \_\_\_\_\_

Applications/Programs to be installed:

- |  |  |
|--|--|
| <input type="checkbox"/> Microsoft Office<br><input type="checkbox"/> Video Editing Application<br><input type="checkbox"/> Adobe Application (Photoshop, etc.)<br><input type="checkbox"/> Autocad<br><input type="checkbox"/> eGaps (Lexsys Technologies, Inc. System)<br><input type="checkbox"/> Geographic Information System (GIS)<br><input type="checkbox"/> Others: _____ | <input type="checkbox"/> Microsoft Office<br><input type="checkbox"/> Video Editing Application<br><input type="checkbox"/> Adobe Application (Photoshop, etc.)<br><input type="checkbox"/> Autocad<br><input type="checkbox"/> eGaps (Lexsys Technologies, Inc. System)<br><input type="checkbox"/> Geographic Information System (GIS)<br><input type="checkbox"/> Others: _____ |
|--|--|

Borrowed from: \_\_\_\_\_       Additional for new employee       Replacement

Description:  
\_\_\_\_\_

Purpose of Request:  
\_\_\_\_\_

Name of End-User/s:  
Designation:  
Signature:

**Summary of Desktop/Laptop Usage**

Number of Employees: <i>(Except those who are in the field)</i>	Number of Existing Desktop/Laptop:	Number of Existing Desktop/Laptop Users:
--	------------------------------------	--

**PRINTERS**

- |  |  |
|--|--|
| <input type="checkbox"/> Dot-Matrix Printer<br><input type="checkbox"/> Inkjet Single Function Printer<br><input type="checkbox"/> All-in-One Inkjet Printer | <input type="checkbox"/> Monochrome Laser Printer<br><input type="checkbox"/> Colored Laser Printer<br><input type="checkbox"/> Large Format Printer |
|--|--|

Quantity: \_\_\_\_\_      Description: \_\_\_\_\_

Purpose of Request:  
\_\_\_\_\_

Name of End-User:  
Designation:  
Signature:

**PERIPHERALS**

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Hard Disk Drive for Desktop<br><input type="checkbox"/> Hard Disk Drive for Laptop<br><input type="checkbox"/> Portable External Hard Disk Drive<br><input type="checkbox"/> USB Flash Drive<br><input type="checkbox"/> Random Access Memory | <input type="checkbox"/> Network Switch<br><input type="checkbox"/> Broadband Router<br><input type="checkbox"/> Projector<br><input type="checkbox"/> LCD Monitor<br><input type="checkbox"/> Scanner | <input type="checkbox"/> UPS/AVR<br><input type="checkbox"/> Power Supply<br><input type="checkbox"/> Optical Mouse<br><input type="checkbox"/> Keyboard | <input type="checkbox"/> Others:<br>_____<br>_____<br>_____ |
|--|--|--|---|

Quantity: \_\_\_\_\_      Description: \_\_\_\_\_

Purpose of Request:  
\_\_\_\_\_

Name of End-User:  
Designation:  
Signature:

Prepared by: _____ Signature over Printed Name	Approved by: _____ Department Head	Approved to Request: _____ ICTO Head
--	--	--

PR Sys. Ctrl. No.: \_\_\_\_\_      Date Signed: \_\_\_\_\_