	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:

☐ Microsoft Office ☐ Video Editing Application ☐ Adobe Application (Photoshop, etc.) ☐ Autocad ☐ eGaps (Lexsys Technologies, Inc. System) ☐ Geographic Information System (GIS) ☐ Others: _____	☐ Microsoft Office ☐ Video Editing Application ☐ Adobe Application (Photoshop, etc.) ☐ Autocad ☐ eGaps (Lexsys Technologies, Inc. System) ☐ Geographic Information System (GIS) ☐ Others: _____

Description:

Purpose of Request:

Name of End-User:
Designation:
Signature:

Summary of Desktop/Laptop Usage

Number of Employees: *(Except those who are in the field)*	Number of Existing Desktop/Laptop:	Number of Existing Desktop/Laptop Users:

PRINTERS

☐ Dot-Matrix Printer ☐ Inkjet Single Function Printer ☐ All-in-One Inkjet Printer	☐ Monochrome Laser Printer ☐ Colored Laser Printer ☐ Large Format Printer

Quantity:	Description:

Purpose of Request:

Name of End-User:
Designation:
Signature:

PERIPHERALS

☐ Hard Disk Drive for Desktop ☐ Hard Disk Drive for Laptop ☐ Portable External Hard Disk Drive ☐ USB Flash Drive ☐ Random Access Memory	☐ Network Switch ☐ Broadband Router ☐ Projector ☐ LCD Monitor ☐ Scanner	☐ UPS/AVR ☐ Power Supply ☐ Optical Mouse ☐ Keyboard	☐ Others: _____ _____ _____ _____

Quantity:	Description:

Purpose of Request:

Name of End-User:
Designation:
Signature:

Prepared by:	Approved by:	Recommended by:
_____ Signature over Printed Name	_____ Department Head	_____ ICTO Head
PR Sys. Ctrl. No.:		Date Signed: