	MARIANO MARCOS STATE UNIVERSITY General Services Directorate	Document Code	GSD-FRM-001
	REQUEST FOR SERVICES	Revision No.	2 Page **1** of **1**
		Effectivity Date	November 1, 2020

REQUEST FOR SERVICES

Name and Signature of Requesting Party: (Dean/Director of the Unit)	**Date of Request:**
Office/Unit:	**Date and Time Required:**

Services to be Undertaken:

Equipment or Facility	Job/Maintenance/Repair to be Undertaken	Location

To be filled-out by the General Services Directorate:

To:		Date:	
Action to be Undertaken:		Signature above Printed Name of the Director	

Action to be Undertaken:

Activities/Jobs/Services	Equipment and Materials Used (Use the back if additional space is needed)			Name of Staff who undertook the Activities/Jobs/Services
	Qty	Unit	Description	
				1
				2
				3
				4

No. of Hours to Complete	Remarks and Recommendations	Date	
		Signature above Printed Name of the Section Chief	

REMARKS: Signature above Printed Name of the Dean/Director	**REMARKS:** Signature above Printed Name of the Dean/Director