



**CVM FINANCE AND CREDIT CORPORATION**  
 3rd Flr. Rublou Market Place, Brookside Hills Subd., Ortigas Ave. Ext.  
 Cor. Sunset Drive, Brgy. San Isidro, Cainta, Rizal 1920  
 Tel. Nos: (02) 253-7139 / (02) 253-7164

ITG JOB ORDER FORM	
Date	
Control No.	

**REQUESTOR'S INFORMATION**

Branch	Team	Date Job Needed
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**Nature of Job**

<input type="checkbox"/> Computer (Desktop/Laptop)	<input type="checkbox"/> CVM Loan Systems
<input type="checkbox"/> Network Equipment (Router/Switch)	<input type="checkbox"/> Windows (Operating System)
<input type="checkbox"/> CCTV (Visible defects, audible errors)	<input type="checkbox"/> Other Software (please state below)
<input type="checkbox"/> Other Hardware Issue	

Describe the work/repair needed:

Requisitioned by:  <i>Name and Signature</i> Email Address _____ Contact No. _____	Noted by: (TL/Imm. Sup.)  <i>Name and Signature</i>	Approved by: (S.O./Team Head)  <i>Name and Signature</i>
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**SERVICE REPORT (FOR ITG USE ONLY)**

**Priority Level**

1) Very Low  
  2) Low or Minor  
  3) Moderate or Significant  
  4) High  
  5) Very High

**Definition of Terms**

1 = Minor nuisance ; 2 = Operable at reduced performance ; 3 = Gradual Performance degradation ;  
 4 = Loss of function ; 5 = Safety related catastrophic failure

Unit/Machine Status	Levels of Escalations		
Operational Status Before <input type="checkbox"/> Yes <input type="checkbox"/> No After <input type="checkbox"/> Yes <input type="checkbox"/> No Remarks	<b>Level 1 (ITG)</b> Date Assessed _____ Date Resolved _____ Date of Recommendation _____ Remarks (Level 1) _____	<b>Level 2 (Admin)</b> <input type="checkbox"/> Purchasing (PR No.: _____ ) <input type="checkbox"/> Logistic Escalation Acknowledgement _____ Name, Signature & Date	<b>Level 3 (Admin)</b> <input type="checkbox"/> Logistic Escalation Acknowledgement _____ Name, Signature & Date

**Escalation Remarks**

ITG Resolution	Purchasing (Admin)	Logistics (Admin)
Last Mile Resolution Date _____	Date Completed _____	Date Scheduled _____

Report Received by: _____ ITG / Date	Serviced By: _____ ITG / Date	Reviewed/Noted by: _____ ITG TL/Imm. Superior	REPORT ACKNOWLEDGE BY: _____ Signature Over Printer Name/Date
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