



## Information Management Sector

## Service Request Form

SRF No.: 2022-006

1) Date of Request (mm/dd/yyyy): 07/14/2022

2) Name: Joann E. Morillo

3) Designation: SBAC Head

4) Office/Department: PRO 1

5) Room: 2<sup>nd</sup> Floor, ORVP, PRO 1

6) Contact #: Avaya 4102

7) Email Address: bac.pro1@philhealth.gov.ph

8) **TYPE OF REQUEST:** (Please refer to the back page for descriptions and required attachments.)

- |  |  |
|--|--|
| <input type="checkbox"/> IT Project Proposal/TOR Development Assistance                                  | <input type="checkbox"/> Human Capital Development Evaluation  |
| <input type="checkbox"/> System Re-engineering related Works   | <input type="checkbox"/> IT Literacy, Education and Training   |
| <input type="checkbox"/> Software Development  | <input type="checkbox"/> IT Procurement Evaluation   |
| <input type="checkbox"/> Software Configuration/Enhancement  | <input type="checkbox"/> Project Management  |
| <input type="checkbox"/> Hardware, Database, Network, Connectivity<br>Communication Solutions Assistance | <input checked="" type="checkbox"/> Others (please specify): <b>Post/Upload Procurement<br/>Monitoring Report at Corporate Website</b> |

9. APPROVED BY: DENNIS B. ADRE   
Regional Vice President, PRO 1

## (For Information Management Sector only)

10. Date Received (mm/dd/yyyy): \_\_\_ / \_\_\_ / \_\_\_ 11. Time Received (hh:mm) \_\_\_ : \_\_\_ OAM OPM

12. **ACTIONS TAKEN:** (Use separate sheet if necessary)

DATE (a)	TIME (b)	ACTION TAKEN (c)	ACTION OFFICER (d)	SIGNATURE (e)
13. APPROVED BY:			14.	
Name and Signature SVP-Chief Information Officer, IMS			Date Signed	

IMS-SRF