



## CUSTOMER SERVICE REPORT

CSR No.		Cust. Signature
Date Check-In	Time :	
Cust. Name & Dist.		
Cust. Tel. No.		
Person In-Charge		

EQUIPMENT & S.NO :	ITEM	REMARKS
<b>PROBLEM REPORTED :</b>          <input type="checkbox"/> Loan Unit	<input type="checkbox"/> OS	
	<input type="checkbox"/> Monitor (LCD)	
	<input type="checkbox"/> Power Supply	
	<input type="checkbox"/> Motherboard	
	<input type="checkbox"/> Processor	
	<input type="checkbox"/> Memory / RAM	
	<input type="checkbox"/> Hard Disk	
	<input type="checkbox"/> Printer	
	<input type="checkbox"/> Handheld	
	<input type="checkbox"/> Others :	

DATE :	ITEM	REMARKS
<b>PERSON IN-CHARGE :</b> <b>ACTION TAKEN :</b>          <input type="checkbox"/> Tested & Confirmed OK <input type="checkbox"/> Require Follow-Up	<b>SOFTWARE :</b> <input type="checkbox"/> OS <input type="checkbox"/> Anti Virus <input type="checkbox"/> Office Productivity <input type="checkbox"/> Mozilla <input type="checkbox"/> Adobe Reader <input type="checkbox"/> 7-zip <input type="checkbox"/> Others :	
	<b>DRIVER :</b> <input type="checkbox"/> Printer <input type="checkbox"/> Scanner <input type="checkbox"/> Others :	

GOODS RETURNED AFTER REPAIRED	
Received By :     Name : Date :                      Time:	Returned By :     Name : Date :                      Time: