

DE LA SALLE SANTIAGO ZOBEL SCHOOL
 Advancement and Communications Office
SERVICE REQUEST FORM

REQUESTED BY: _____	DATE OF REQUEST: _____
DEPARTMENT: _____	DATE NEEDED: _____
CHARGED TO: _____	RECEIVED BY: _____
UNIT/DEPT HEAD: _____	DATE RECEIVED: _____

<i>SERVICES</i>	<i>DESCRIPTION</i>	<i>SERVICES</i>	<i>DESCRIPTION</i>
POSTING		VIDEO CREATION AND EDITING	
<input type="checkbox"/> DLSZ WEBSITE	_____	<input type="checkbox"/> FULL CONTENT CREATION	_____
<input type="checkbox"/> FAMILY PORTAL	_____	<input type="checkbox"/> VIDEO EDIT	_____
<input type="checkbox"/> SOCIAL MEDIA	_____	DESIGN AND LAYOUT	
<input type="checkbox"/> FACEBOOK	_____	<input type="checkbox"/> PRESENTATION	_____
<input type="checkbox"/> INSTAGRAM	_____	<input type="checkbox"/> POSTER	_____
<input type="checkbox"/> SHORT MESSAGE SERVICE (SMS)	_____	<input type="checkbox"/> INVITATION	_____
_____	_____	<input type="checkbox"/> BROCHURE	_____
_____	_____	<input type="checkbox"/> PROGRAM	_____
_____	_____	<input type="checkbox"/> FLYER	_____
EDITING AND MERGING		<input type="checkbox"/> PHOTO RETRIEVAL	_____
<input type="checkbox"/> LETTER/DOCUMENT	_____	<input type="checkbox"/> ZOOM ACCESS	_____
<input type="checkbox"/> CERTIFICATE	_____	DATE AND TIME OF EVENT: _____	
GRAPHIC DESIGN		<input type="checkbox"/> ZOOM TECH SUPPORT	_____
<input type="checkbox"/> LOGO	_____	<input type="checkbox"/> OTHERS	_____
<input type="checkbox"/> POSTER	_____	APPROVED BY: _____	
<input type="checkbox"/> INVITATION	_____	DATE APPROVED: _____	
<input type="checkbox"/> BROCHURE	_____		
<input type="checkbox"/> FLYER	_____		

NOTE: Please submit the materials and request at least five (5) WORKING DAYS before you need the material/output.
 ONLY SERVICE REQUESTS with APPROVED REQUEST FORM will be processed. For more details, KINDLY EMAIL it to adcomm@dlszobel.edu.ph

THANK YOU!