Requisition form for IT Related Equipment

| Please fill the foll | lowing infor | mation and subn | nit this form: | | |
|--|--------------|-----------------|---|--|--|
| Name: | | | | | |
| Designation: | | - | | | |
| Department: | | | | | |
| Attached with: | | 7 | | | |
| Device name | Qty | Details o | Details of Existing Device (if any) | | |
| ang Cradition of the Cr | | Date of issue | S/N & Specification | Reason for replacement | |
| Computer | | | | | |
| _aptop | | | | | |
| Printer | | | | | |
| JPS | | | | | |
| Photocopier | | <u> </u> | | | |
| Web cam | | <u> </u> | | | |
| Wi-Fi Dongle | | | | | |
| Speaker | | | | | |
| Pen Drive | | | | | |
| Headphone | | ¥ 5000 0,\$ | * - * - * - * - * - * - * - * - * - * - | | |
| External HDD | | * | | | |
| Router | | 2 | | | |
| I request th | at the abov | ve equipment ma | ay please be issued | to me for official | |
| use. I shall be r | esponsible | for it and retu | rn the same to IT | Department on | |
| Transfer/Retireme | nt/ Reliving | | Sign | atures with date: | |
| | Apr | olicant: | V | | |
| | 2000 | D/CD | | | |
| Requisite item may | | 3 - | ough procurement (if | | |
| HoD-IT | 70c. '98c | | 2000000 200 | The second secon | |
| ne | | | | Caralle W | |