

DHIR & PARTNERS SDN BHD (800511-H)

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EOUIPMENT REOUEST FORM (OUTDOOR ACTIVITIES)

	EQUIPMENT REQUEST FORM (OUTDOOR ACTIVITIES)						
Nam	ie						
IC No							
Position							
Department/Team Leader							
Phone No							
Place of event					Date/Day of event		
Trace or event			T		<u> </u>		
Equipment Details: Please Tick (/) the box below for the item received:							
NO ITEM			the item received.	Т	AGGING NO	REMARK	
1.	NOTEBOOK	(/)			Additiono	KEWAKK	
2.	ADAPTER						
3.	MOUSE						
4.	EXTENSION PLUG						
5.	HEADSET						
6.	CPU						
7.	MONITOR						
8.	KEYBOARD						
9.	SMARTPHONE						
9.	MODEL:						
			NETWORK:				
10.	SIMCARD		NO TEL:				
			** POSTPAID/ PREP	PATT)		
11.			1 00111112, 11112				
12.							
13.							
14.							
15.							
By signing below, I agree to accept liability for the equipment listed above. I understand that should							
any lost occur of the equipment, I will be held fully responsible for the replacement of the equipment.							
Requested by:				'	Verified by (HOD Department):		
Date:				- 1	Date:		
Date.				'	Date.		
FOR OFFICE USE ONLY							
EQUIPMENT RECEIVE / RETURNS							
RECEIVE DATE: RETURN DATE:							
FOR OFFICE USE ONLY:					Approved by:		
					 Date:		