



ICT EQUIPMENT FORMS

From		To	
Name:		Name:	
Mobile Number:		Mobile Number:	
Email Address:		Email Address:	
Department		Department	
Date:		Date:	
Project Location:		Project Location:	

Equipment Details

Type:	
Brand:	
Model:	
Specifications:	
Serial No.:	

Type:	
Brand:	
Model:	
Specifications:	
Serial No.:	

Type:	
Brand:	
Model:	
Specifications:	
Serial No.:	

Type:	
Brand:	
Model:	
Specifications:	
Serial No.:	

Signature Sender

Signature Receiver