

User Acceptance Form

NUMBER					
SUBJECT					
REQUESTED BY			ACCEPTANCE DATE		
UNIT					
LOCATION					
CONTACT	Telp:	Telp: e-mail:			
RESULT					
No.	Desc	Result	Tested by	Remark	
1 2 3 4 5 6 7 8 9 10 ADDITIONAL CO		are as mention in user requir	OK / NOK		
Unit Reque	ested (SM)	SM IT Department		Note :	
Name : Date :		Name : Date :			