Hardware Acquisition Form

Date: <u>17/7/2023</u>		
Asset(s) to be checked ou	t:	
Device Name		Serial Number
Laptop n		zxcz332qwqe
nave received them in good	t I am responsible for the abo condition. I understand that I d while these asasets are un	will be held accountable for
them in the same condition		I by my employer and to return will also ensure that they are amage.
	comply with the terms of this y, in accordance with the com	·
have read and understood on them.	the term of this Hardware acc	quisition and agree to abide
Recievied By:	Approved By:	Verified By:
Name:	Name:	Name:
Department:	Department:	Department: