

**IT STAFF ITEM ISSUE**

ITEM TYPE:- \_\_\_\_\_

ITEM MODEL:- \_\_\_\_\_ ITEM S/NO:- \_\_\_\_\_

ITEM ACCESSORIES:- \_\_\_\_\_

TO PAYROLL NO:- \_\_\_\_\_ NAME:- \_\_\_\_\_

DESIGNATION:- \_\_\_\_\_

AUTHORISED BY:- \_\_\_\_\_ DATE:- \_\_\_\_\_

RECEIVED SIGNATURE:- \_\_\_\_\_ DATE \_\_\_\_\_

HOD SIGNATURE:- \_\_\_\_\_

IT OFFICER COMMENTS \_\_\_\_\_

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