	V	CS (Group.		
	IT Equipm	ents	Request Form		
Document No. QF-ITC-0001	cument No. QF-ITC-0001 Effective Da			2023	Revsion: 1
	Req	uest	tor Detail		
Name-Surname : test test			Employee ID: 123123		
Company : VCS			Department & Section : IT		
Position: O3			Telephone: 123123		
	Reque	est C	Description		
Request for : Software	item : Microsoft Office				Quantity: 2
Purpose of Usage : (Please write in Detail)	- test				
Device Specification / Software Version :	- test				
Refer to Quotation No. :					
Refer to R/O. No. :	Oweqweasd Date Required (Approximately): 6/6/2567				
Remark :			6/6/2567 REQUESTOR		6/6/2567 APPROVER Position : O4
	ı	T C	enter		
Able to proceed PO. No.: Unable to proceed			Able to proceed PO. No. :Unable to proceed		
Remark :			Remark :		
6/6/2567 6/6/256 IT STAFF IT DEPT M					IT DIV MGR