



KPJ KLANG

SPECIALIST HOSPITAL

LOAN UNIT FORM

Equipment Type: ☐ COMPUTER ☐ LAPTOP ☐ PRINTER ☐ PROJECTOR ☐ CAMERA

OTHERS: _____ (please specify)

Name:

Designation:.....

Department:.....

Purpose:.....

Received Date:.....

Returned Date:.....

FOR IT DEPARTMENT USE:

EQUIPMENT TYPE:

HOSTNAME:

BRAND:

MODEL:

SERIAL NUMBER:

ACCESSORIES: (please specify)

1.

2.

3.

4.

Requested by:

Approved by HOS

Acknowledge by IT

Name:

Date:

Name:

Date:

Name:

Date: