

MTD GROUP OF COMPANIES GROUP IT DEPARTMENT LOAN IT EQUIPMENT FORM (LoanIT)

Loan Date:	Γ	Return Date:	
Loan Date.	L	Return Date.	
Full Name :			
Company :			
Department :			
Contact No :			
Duration of Loan : day(s)			
Equipment Information			
Type & Model :			
Equipment Serial No:			
Reason:			
Signature (Requestor) Date:	Approved By (Head of Departme		Authorised By (Head of IT) Date:
ACKNOWLEDGEMENT 1	RECEIPT	ACKN	OWLEDGEMENT RETURN
I hereby acknowledge receipt and I am fully aware that I will be held responsible for ensuring of the equipment is in good order during the loan period.		I hereby acknowle in good order.	dge return of the above loaned equipment
Signature Name:		Signature Name:	
Date:		Date:	
	For IT Depart	ment use only	
Handed over by :		Received by	:
Date :		Date	: