

## MTD GROUP IT DEPARTMENT LOAN IT EQUIPMENT FORM

Appendix 8

Loan Date:		Return Date:	
Full Name :			
Company :			
Department :			
Contact No :			
Duration of Loan : day(s)			
Equipment Information  Type & Model:			
Equipment Serial No:			
Reason:			
			<del></del>
Signature Approved By (Requestor) (Head of Departmeter)  Pate: Date:			Authorised By (Head of IT) Date:
ACKNOWLEDGEMENT RECE	EIPT	ACKNO	WLEDGEMENT RETURN
I hereby understand that I will be held responsible for any damage of the equipment throughout the loaning period.		I hereby acknowled in good order.	ge return of the above loaned equipment
Signature Name: Date:		Signature Name: Date:	
For IT Department use only			
Handed over by :		Received by	:
Date :		Date	PHALIPPINGALISM