

Laptop and Accessories Issues Form



1. Name :-.....
2. Employee number :-.....
3. Department :-.....
4. Make and Model :-.....
5. Laptop S/N :-.....
6. Mac Address :-.....
7. Charger S/N :-.....
8. Battery S/N :-.....
9. Other
- I. Laptop Bag :- Yes No
- II. Mouse :- Yes No Reason :.....
- III. Keyboard :- Yes No Reason :.....
- IV. Monitor :- Yes No Reason :.....
10. Mouse/ Keyboard/ Battery Replacement :-.....

Replacement Date	Item Name with serial no	Reason	Employee Signature	IT Officer Signature

Issued by :-.....

Received by :-.....

Date :-.....

Date :-.....

Retuned by :-.....

Retuned Received by :-.....

Date :-.....

Date :-.....

Authorized By :-.....

Date :-.....