



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 :-.....

Authorized By :-.....

Date :-.....

Retuned by :-.....

Retuned Received by :-.....

Date :-.....

Date :-.....