

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 :-