

IT Equipment Handover Form

Group		IT Request ID #	ITHO #
Handover To		Employee No	
Designation		Handover Date	
Company Name		Estimated Date of Return	

[illegible]

Note:

** Item(s) listed above is not insured.
 ** Loss or misuse of the item(s) will be charged to the party who received it.
 ** **TAKING THIS ITEM OUT OF THE PREMISES IS NOT ADVISABLE. Do so at your own risk.**
 ** All above mentioned items are exact and correct.

This form must be completed electronically. Forms with HAND-WRITTEN CHANGES WILL NOT BE ACCEPTED.

Requested by:

Approved by:

Requestor/User Signature	Date	IT Manager / Delegated Authority	Date
Department Head / Supervisor	Date		