

IT Equipment Request Form

Name					
Designation					
Department					
Location					
Requirement	Laptop	□ Desktop	☐ Printer	☐ Scanner ☐]
	Other(Pl	Other(Please specify)			
Justification					
Line Manager Recomi	mendation				
Name & Designation					
Signature:					
Department Head					
Name & Designation					
Signature:				_	