King Saud bin Abdulaziz University For Health Sciences



جامعة الملك سعود بن عبدالعزيز للعلوم الصحية

IT ASSETS REQUEST FORM (ONE ASSET PER FORM)

REQUESTER INFORMATION				
NAME:			TEL NO:	
JOB TITLE:			ROOM NO:	
DATE:	SIGNATURE		BADGE	NO:
ASSETS REQUEST (PLEASE SELECT ONLY ONE ASSET)				
B&W Network Printer (Minimum 3 Users)				
Color Network Printer (Minimum 3 Users)		Installation Room NO:		
User Badge NO:				
1	2		3	
4				
A4 Scanner (Must be connected	Installation Room NO:			
☐ Desktop PC		FOR PC ONLY		
Installation Room NO:		□ Office □ Classroom □ Meeting Room □ Library		
JUSTIFICATION				
AUTHORIZATION				
DEAN OF				
NAME		SIGNATURE		DATE
FOR IT DEPARTMENT USE ONLY				
IT MANAGER RECOMMENDATION				
	0.01	A.T. 10.E		D.4.T.F.
NAME SIGNA		ATURE		DATE
IT DIRECTOR APPROVAL				
□ Approved		□ Disapproved	□ Disapproved	
Comments:				
NAME		SIGNATURE		DATE
STATUS				
COMPLETED BY		SIGNATURE DATE		DATE
	SIGNATURE		DATE	
Comments:				

▼ NOTE: PERSONAL PRINTER FOR SINGLE USER NOT YET AVAILABLE