

SMIC DATA CENTER – GATE PASS



☐ Transfer from _____ DC to _____ DC ☐ Delivery ☐ Pull-out Date: _____

Delivered/Pulled-out by: _____ Company: _____

Activity: _____ DC Location: _____

Equipment Owner: _____ Room: _____ Rack No: _____

QUANTITY	ITEM/S	REMARKS

Create attachment if more than 10 items.

Released by: _____ Accepted by: _____
(Print Name and Sign)/Date (Print Name and Sign)/Date Cellphone No.

Noted by: _____ Records updated by: _____
Immediate Head of Requestor (Print Name and Sign) / Date ITAM (Print Name and Sign) / Date

Approved by: _____ DC Guard: _____
DCF (Print Name and Sign) / Date (Print Name and Sign)/Date

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