



IT DEVICE ISSUANCE APPROVER FORM

DEVICE DATASHEET

Type: : _____
Brand and Model: : _____
Color: : _____
Additional device / peripherals : _____

USER INFORMATION

Employee ID : _____
Name : _____
Department / Section : _____

ISSUANCE INFORMATION

Date From: _____ Date To: _____

Duration (days): _____ Reason: _____

By signing below, I acknowledge and understand that it is my responsibility to keep the device in working order and to return it on or before the authorization due date. Furthermore, I affirm my commitment to adhere to the terms and conditions of this agreement and understand the implications of non-compliance.

Employee Signature and Date

END USER SIGNATORIES

Requested By	Checked By	Approved By	Noted By

FOR IT DEPARTMENT

Received By	Configured By	Checked By	Approved By	Noted By