



EQUIPMENT LOAN FORM

CUSTOMER'S INFORMATION			
Name			
Staff No		Designation	
Ext/Mobile		Email (@iium)	
Department/Unit		KCDIO	

TYPE OF SERVICE REQUEST			
<input type="checkbox"/>	Notebook / QTY ()	<input type="checkbox"/>	Others (Please specify)
Purpose			
Date	_____ to _____	Time	_____ to _____

RECOMMENDATION	RECEIVED BY MSD IT
Dean/Director/Head of Department/Head of Section/Head of Unit/Assistant Director/IT Coordinator Signature Official Stamp	Date: Name: Service Desk ID:

Note :

- Item(s) borrowed must be returned immediately after the loan period.
- Borrower is responsible in ensuring the proper handling and storage of equipment during the loan period.

FOR OFFICE USE ONLY			
Check Out Date		Return Date	
Check Out By		Return By	
Authorized by		Received by	

No	Items	Quantity	Notes
1	Laptop		No 1 / No 2 / No 3 / No 4 / No 5 / No 6 / No 7
2	Laser Pointer		
3	HDMI-VGA Convertor		No 1 / No 2 /
4			
5			