



INFORMATION TECHNOLOGY ADMINISTRATION UNIT

EQUIPMENT REQUEST FORM

Date: -----

Name: -----

Designation and scale: -----

Department: -----

Location: ----- Telephone: -----

Required Equipment: -----

Justification: -----

User Name and Signature

Department Head Name and Signature

For IT Use:

Equipment installation Date:

Equipment Description:

Model.....

S#:

Hardware Custodian

Received By User

Recommended by IT Admin Unit.....

Director I.T Administration

Vice Chancellor