

PHN INDUSTRY SDN BHD



FOR IT USE ONLY	
Date Return	:
Condition	:
Approved By	:
Date	:

ITEM REQUEST FORM

1.0 PERSONAL DETAILS

Name	:	_____	Date	:	_____
Staff No	:	_____	Section	:	_____
Ext. No	:	_____	Department	:	_____

2.0 REQUEST DETAILS

2.1 Items Description

Personal Computer		Software	
Laptop	<input type="checkbox"/>	Microsoft Office 2021	<input type="checkbox"/>
Desktop	<input type="checkbox"/>	Microsoft Office 365	<input type="checkbox"/>
Monitor	<input type="checkbox"/>	Microsoft Windows 11	<input type="checkbox"/>
Printer	<input type="checkbox"/>	Microsoft Windows 10	<input type="checkbox"/>
Notebook	<input type="checkbox"/>	Microsoft Adobe Photoshop	<input type="checkbox"/>
External Hard Disk	<input type="checkbox"/>	Microsoft Adobe Acrobat Pro	<input type="checkbox"/>
Keyboard	<input type="checkbox"/>	Microsoft Adobe Illustrator	<input type="checkbox"/>
Mouse	<input type="checkbox"/>	Minitab Statistical Software	<input type="checkbox"/>
Projector	<input type="checkbox"/>	CATIA Software	<input type="checkbox"/>
Speaker	<input type="checkbox"/>	ENOVIA Software	<input type="checkbox"/>
Laser Pointer	<input type="checkbox"/>	AUTODESK Software	<input type="checkbox"/>
Others	<input type="checkbox"/>	Others	<input type="checkbox"/>
Hardware no. (please specify)	_____		
Model (please specify)	_____		

2.2 Justifications

\_\_\_\_\_

\_\_\_\_\_

2.3 Date to Use : \_\_\_\_\_ Time : \_\_\_\_\_

2.4 Date to Return : \_\_\_\_\_ Time : \_\_\_\_\_

2.5 Location : \_\_\_\_\_

3.0 TERMS AND CONDITION

- I/We undertake to be responsible to take good care of the company's equipment in my/our custody and I/we will ensure that it is kept in a good working condition
- I/We will be responsible to use the equipment in right and safe manners
- I/We will be responsible to the damage or loss of the equipment caused from my/own carelessness and/or negligence and I/we hereby agree to pay all costs and expenses of the repair and/or replacement (whichever is applicable)
- If condition 3 above occurs, I/we hereby authorised the company to deduct my/our salary to pay for the costs and expenses of the repair and/or replacement (whichever is applicable)
- I/We hereby undertake that I/we shall not transfer or assign the equipment to any other person unless with prior consent from IT department.
- I/We will return the equipment to the right personnel at or before the returned dateline approved by IT department.

Requested By	:	_____	Authorised By	:	_____
Name	:	_____	Name	:	_____
Date	:	_____	Date	:	_____