



COMSATS University Islamabad (CUI), Lahore Campus

PC/IT Equipment Issuance Request Date: _____

	Description	Qty. Required		Qty. Issued
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Purpose: -----

Requested By/Name: -----

Authorized By/Name: -----

Designation: -----

Designation: -- -----

Department: -----

Department: -----

Signature /Dated: -----

Signature / Date: -----

Approved By:

Received By:

Name: Muhammad Naeem Akhtar

Name: -----

Designation: **Incharge ITS**-----

Designation: -----

Signature/ Date: -----

Department: -----

Signature / Date:: -----

Comments by Incharge ITS _____

For official use only

Issued by:

Received Bar Code Tag By:

Name: -----

From: - ----- to:-----

Signature / Date: -----

Name:-----

Designation /Department:-----

Signature/ Date: -----

Note: Approval required regarding Computer/Network Related items from ITS Section.