



**College of Medicine
IT Services Department**

Form A- 25

EQUIPMENT RECEIVED CONFIRMATION FORM

Equipment Name and Model	Serial No	MIS Serial No

I, the undersigned hear by declare that all the above item have been received in working order and will be used according to the college policies.

Received By

Name		Job Title	
Badge No		Department	
Ph Ext -		Room No.	
Pager No.		Location	
Signature		Date	

Issued & Installed By (ITS use only)

Name		Badge No	
Signature		Date	

Returned By

Returnee Name		Badge No	
Signature		Date	
Receivers Name (HelpDesk)		Signature	