



CENTRE FOR FOUNDATION STUDIES, IUM
INFORMATION TECHNOLOGY DEPARTMENT
I.T EQUIPMENT BORROWING FORM

Customer's Information	
Name :	Staff No:
Depart/Club/Society/Others:	Tel. / Ext :
Equipment required (please tick) : <input type="checkbox"/> Notebook / PC Qty: <input type="checkbox"/> LCD Projector Qty: <input type="checkbox"/> Other (please specify :	Recommendation (Head/ Adviser/Others): Signature & Stamp: Date: Guideline : 1.Please submit ITD computer lab Booking form at least 3 working days. 2. All equipments must be returned immediately after use. 3 Customers will be responsible for any malfunction or lost of equipments.
Event Information Purpose : Value : Date : Time : From: Until :	
I Hereby agree/ disagree to the guideline stated Signature & Stamp: Date :	For Office Use /Information Technology Department
	I am please /regret to inform you that your application has been approved / rejected Signature & Stamp: Date:



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