

EQUIPMENT ACCOUNTABILITY FORM

FORMAT NO.

Name of Employee: _____ Designation: _____

Department: _____ Location / Unit: _____

E-Mail: _____ Cell phone Number: _____

Type of Equipments – Please Specify below:

Electrical Equipments

Information Technology Equipments

Mechanical Equipments

Others

Please do list:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Approved By:

Date: