HARDWARE RELOCATION

Ticket No: [   ]

(If Available)

SECTION A *(To Be Filled-In By Requestor)*

☐ CPU   ☐ Printer   ☐ UPS   ☐ Monitor   ☐ Others:

Device Name	Model	Serial No

Purpose/Remarks:

From	To
Room ID / Name:	
Department:	

Requested By (User)	Approval (HOD)

Name:
Designation:
Department:
Date:

Section B *(For ITD / SCSB Only)*

Remarks	Approval (ITD, Hospital Selayang)	Job Done By (SCSB)
	Name: Date: Time:	Name: Date: Time: