

ITR-004 – IT RECEIPT

Employee's No: _____

Employee's Name: _____

Designation: _____

Business Pillar/ Unit: _____

Region (North / Center / South): _____

Department: _____

Mobile Contact: _____

Equipment Details

S No	Item's Description (Brand, Model and Part Number)	Manufacturer's S No. (as per OEM's TAG / BIOS)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Handed Over

Taken Over

Signatures

Receiver's Signatures

Dated: _____

Dated: _____