



HS.ITD.Borang 024

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:	JKNS NO:		
	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: