

IT Equipment Return & Acceptance Form

Employee Information

Name

Employee ID

Department

Email

Phone

Equipment Details

Type/Device	Brand/Model	Serial Number	Asset Tag	Condition	Accessories
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Items

Return Reason / Notes

Acknowledgements

☐ All equipment and accessories listed above have been returned and are in good working condition unless otherwise stated.

☐ All data has been removed from returned devices.

Employee Signature

Date

IT Staff Signature

Date