## **Electronic Device Swap-Out Return Form**

Employee ID  Department  Date  Device Type (Returned)  Serial Number (Returned)
Department  Date  Device Type (Returned)
Date Device Type (Returned)
Date Device Type (Returned)
Device Type (Returned)
Device Type (Returned)
Serial Number (Returned)
Serial Number (Returned)
Device Type (New)
Serial Number (New)
Reason for Swap-Out
Condition of Returned Device
Recipient Signature
Date Signed
T Personnel Signature
<u>-</u>
Date Signed
-