Company Mobile Device Surrender Form

Employee Name	
Employee ID	
Department	
Position	
Position	
Date of Surrender	
Device Information	
Device Type	-1
Desire Medel	
Device Model	
Serial Number / IMEI	
Phone Number (if applicable)	
Accessories Returned (e.g. charger, case)	
Device Condition/Notes	
Device Condition modes	
Employee Signature	
HR/IT Representative Signature	
Signature Date	