## **Tablet Deployment Request Form**

Department  Email  Phone  Number of Tablets  Purpose/Description  Required Deployment Date  Expected Return Date  Special Setup Instructions
Email  Phone  Number of Tablets  Purpose/Description  Required Deployment Date  Expected Return Date
Email  Phone  Number of Tablets  Purpose/Description  Required Deployment Date  Expected Return Date
Phone  Number of Tablets  Purpose/Description  Required Deployment Date  Expected Return Date
Number of Tablets Purpose/Description  Required Deployment Date  Expected Return Date
Number of Tablets Purpose/Description  Required Deployment Date  Expected Return Date
Purpose/Description  Required Deployment Date  Expected Return Date
Purpose/Description  Required Deployment Date  Expected Return Date
Required Deployment Date  Expected Return Date
Expected Return Date
Expected Return Date
Special Setup Instructions
Require accessories (stylus, case, charger, etc.)  Manager Approval Name
Additional Comments