

ASSET RECEIPT FORM

Date (DD/MM/YYYY) _____

Reference No. _____

RECEIVED BY

Name _____

Designation _____ Department _____

E-mail _____ Phone _____

ASSET(S) RECEIVED

No.	Description	Serial Number	QF Tag Number
1			
2			
3			
4			

Are assets related to an event? YES NO

EVENT DETAILS (IF APPLICABLE)

Event Name (Arabic) _____

Event Name (English) _____

Start Date (DD/MM/YYYY) _____ End Date (DD/MM/YYYY) _____

Event Venue Workshop Lecture Colloquium Conference MOU Other

Event Type _____

More Information _____

DECLARATION NOTE

I acknowledge that I have received the above item(s) and require them in order to carry out my job. I accept that it is my responsibility to ensure the equipment is not damaged in any way and remains in perfect working order. I accept it is my responsibility if the equipment is damaged and that I will bear the cost of replacing/repairing it. If the equipment is not in use I assure to return it immediately.

Name _____ Signature _____ Date (DD/MM/YYYY) _____

FOR INTERNAL USE ONLY

Department Focal Point _____

Date Lent (DD/MM/YYYY) _____ Signature _____

Date Returned (DD/MM/YYYY) _____ Signature _____