

UNIVERSITY OF ELDORET



DIRECTORATE OF ICT EQUIPMENT REPAIRS SIGN-OFF FORM

OFFICE/DIRECTORATE

/DEPARTMENT: _____ DATE OF REPAIR: _____

NETWORK DEVICE/COMPUTER/LAPTOP/PRINTER/SCANNER/UPS DESCRIPTION

DEVICE TYPE/NAME	
BRAND/MODEL NO.	
UOE TAG NO.	
SERIAL NO.	
HDD	
RAM	
PROCESSOR SPEED	

EXTRACTED FAULTY PART:

DIAGNOSIS.

REASONS FOR EXTRACTION:

WORK AROUND TIME:

EXPECTED DATE OF RETURN:

OFFICE/DIRECTORATE/DEPARTMENT REPRESENTATIVE

NAME: _____ SIGNATURE: _____ DATE: _____

ICT PERSONNEL PICKING UP THE ITEM

NAME: _____ SIGNATURE: _____ DATE: _____

TRANSPORT DEPARTMENT REPRESENTATIVE

NAME: _____ SIGNATURE: _____ DATE: _____