

Office Equipment Request Form

Date of Request:

Employee Name:

Department:

Designation/Position:

Requested Equipment Details

Item Description	Quantity	Reason/Justification
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Comments:

Approvals

Employee Signature:

 Sign/Type your name

Manager/Supervisor Approval:

 Sign/Type your name

Date:

Date:

Important Notes

- All requests should include a clear justification for the equipment required.
- This form must be approved by the employee's supervisor or department manager.
- Incomplete forms may delay the processing of your request.
- Requested equipment is subject to availability and company policies.
- Keep a copy of this form for your records after submission.