## **IT Equipment Request Form**

Office:	Date Requested	:	
Requested By:	Date Needed:	/	<i></i>
Ordered by:D	rate Ordered:/		
COMPLETE THE FORM WITH DE SPECIFICATIONS. IF YOU HAVE BUDGET COLUMN. IF YOU HAVE APPROVAL FROM YOUR REGION REQUESTS.	ALLOCATED MONEY IN YOUR EN'T ALLOCATED MONEY THE	BUDGET PUT TH N THE REQUEST LOW 4-6 WEEKS	IAT IN THE FWILL REQUIRE
TO: <u>h</u>	nelpdesk@acuitytc.co	<u>m</u>	
		INTERNAL USE ONLY	INTERNAL USE ONLY
DESCRIPTION OF ITEM	BUDGET AMOUNT	AMOUNT	ITEM ORDERED FROM