



EQUIPMENT REQUEST FORM

Date: _____

Name: _____

Department: _____ Admin Cubical: _____

Justification:

Equipment Requested (i.e., laptop, Surface Pro, webcam, etc.):

Have you completed a work from home plan? Yes No

Date Employee Name Employee Signature

Date Department Managers Name Department Managers Signature

Date CEO/CAO/COO Name CEO/CAO/COO Signature