



Return of Asset (Access Card / Parking Card / Mobile Phone) Form

Date :

Name :

Staff ID :

Contact No :

Department :

No	Description	Serial No / Card No	Qty.	Reason for Return Item	Remarks

Issued by (Employee);

Received by (Administrator);

.....

Name:

Date:

Designation:

.....

Name:

Date:

Designation:

Review by

Received by (Administrator);

.....

Name:

Date:

Designation:

.....

Name:

Date:

Designation: