



Information Technology and Support Services Laptop Inventory Form



User Information: *(Please be sure to print clearly)*

Full Name:		Date:	
Position/Title:		Phone/Extension:	
Building/Dept:		Room #	

Laptop Information: *(Please be sure to print clearly)*

Make: _____ <small>(Gateway, Dell, etc.)</small>	Model: _____ <small>(5300, Inspiron 3000, etc.)</small>
Serial #: _____ <small>(Usually located on the bottom unit)</small>	Asset Tag #: _____
Condition: New <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/>	
Damaged: <i>(Please describe):</i>	

Accessories: *(Please check all that apply)*

<input type="checkbox"/> Speakers <input type="checkbox"/> Laptop Bag <input type="checkbox"/> Power Cord <input type="checkbox"/> Network Cable <input type="checkbox"/> Wireless Card	<input type="checkbox"/> Mouse <input type="checkbox"/> Docking Station <input type="checkbox"/> Floppy Drive <input type="checkbox"/> CD-ROM/Burner drive <input type="checkbox"/> DVD drive
Other: <i>(Please describe):</i>	

Required Signatures:

User's Signature:	Date:
Administrator's Name:	Date:
Administrator's Signature:	