**Appendix B IT KIT – ORDER FORM**

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| **ORDER/ISSUE DETAILS** |
| Date  |  |
| Equipment |  |
| Is this Replacing IT Kit (REPLACEMENT)orAdditional IT Kit (NEW)? |  |
| **LAPTOP ORDER** |  |
| Reason for Laptop Purchase |  |
| Does user have Desktop PC? (yes/no) |  |
| Does User Share Desktop PC? |  |
| Is Remote Access required/Smartcard or Aruba? |  |
| Contact name of person ordering |  |
| Phone Number of the person ordering |  |
| Directorate Financial Manager |  |
| Cost Code |  |
| Directorate/Department |  |
| Name of User |  |
| Room No. |  |
| User Phone/Bleep/Mobile (if applicable) |  |
| Network Point required? (YES/NO) |  |
| Existing network Point number |  |
| **SOFTWARE/APPLICATIONS** |  |
| Standard Software Build (YES/NO) |  |
| Department specific Software or New Software? |  |
| Databases |  |
| Shared Folders/mapped drives |  |
| **ADDITIONAL INFORMATION** |  |
| Details and **Asset ID** of Kit being replaced  |  |
| Any peripherals to be attached to new Kit eg: Printer/Barcode Scanner etc |  |