Equipment Move-In/Out Form

Company Name : _____ **Customer Code** : _____

Visitor's Name : First Name _____ Last Name _____ **Contact Phone No.** : _____

Date and Time : Date _____ Time _____ **Rack Location** : _____

Equipment Movement : ☐ **First Move-in** ☐ **Add** ☐ **Move-out** ☐ **Total Move-out**

Details of Equipments

	Equipments (Brand and Model)	iAdvantage's Label Code (Applicable if Move-out only)	Server Type Please (✔)	Network Type Please (✔)	In/Out	Remark
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

*** All of the above fields are mandatory to fill-in.
    For the field of "iAdvantage's Label Code", it is required to fill-in only when you are moving out equipment(s).

Visitor's Signature: _____

Verified By NOC: _____