BUREAU OF INTERNAL REVENUE
Information Systems Group

REQUEST FOR INSPECTION/CERTIFICATION FORM
FOR OBSOLETE & UNSERVICEABLE IT EQUIPMENT

NAME : _____ *DESIGNATION* : _____
SIGNATURE : _____ *OFFICE* : _____

EQUIPMENT/PERIPHERAL	Pls check applciable box		PROPERTY NUMBER	DATE OF MEMORANDUM RECEIPT (MR)
	OBSOLETE	UNSERVICEABLE		
_____	☐	☐	_____	_____
_____	☐	☐	_____	_____
_____	☐	☐	_____	_____
_____	☐	☐	_____	_____
_____	☐	☐	_____	_____
_____	☐	☐	_____	_____
_____	☐	☐	_____	_____
_____	☐	☐		

Inspected by:

_____
SSD/CONED Technician

REMARKS:
_____
_____
_____
_____

Approved by:

_____
< Head, CONED / SSD >

C E R T I F I C A T I O N

_____
Date

    This is to certify that the IT equipment/s and/or peripherals listed above (as approved) is/are hereby declared obsolete/unserviceable.

    This certification is issued upon request of _____ for final turn-over to General Services Division.

_____
< ACIR, ISOS / RDC Head >