

COMPUTER ACQUISITION AND ALLOCATION SYSTEM (CAAS)
Request Form

Name:			
Task(s):	<input type="checkbox"/> Acquisition of computer-related items* (please specify)		
	<hr/> <hr/> <hr/> <hr/>		
	<input type="checkbox"/> Re-allocation of computer-related items* (please specify)		
	<hr/> <hr/> <hr/> <hr/>		
Purposes:	<input type="checkbox"/> Departmental*	<input type="checkbox"/> Teaching*	
Expected Date of acquisition / Re-allocation:	(dd)	(mm)	(yyyy)
Date:			
Signature:			

* Please tick.

For Official Use:		
Receiving Date:		
Computer Committee:	Approved (please sign)	Not Approved (please sign)
Prof. Chan Sin-wai (Chairman)		
Prof. He Yuanjian		
Prof. Li Defeng		
Dr. Yau Wai-ping		