

## 電腦機房設備進駐/撤出/維護申請表

申請日期： 年 月 日

|                                |   |            |      |                             |  |
|--------------------------------|---|------------|------|-----------------------------|--|
| 申請老師                           |   | 聯絡電話       |      | E-MAIL                      |  |
| 設備負責人                          |   | 聯絡電話       |      | E-MAIL                      |  |
| 事由                             |   |            |      |                             |  |
| <input type="checkbox"/><br>進駐 | <input type="checkbox"/><br>常駐設備          | 設備名稱       | 財產編號 | 設備規格/型號/類型<br>(請註明設備用電量及體積) |  |
|                                |   |            |      |                             |  |
|                                |   |            |      |                             |  |
|                                | <input type="checkbox"/><br>臨時設備<br>/維修零件 |            |      |                             |  |
|                                |   | 本次進駐設備共__台 |      |                             |  |
| <input type="checkbox"/><br>撤出 | <input type="checkbox"/><br>常駐設備          | 設備名稱       | 財產編號 | 備註                          |  |
|                                |   |            |      |                             |  |
|                                |   |            |      |                             |  |
|                                | <input type="checkbox"/><br>臨時設備<br>/維修零件 |            |      |                             |  |
|                                |   | 本次撤出設備共__台 |      |                             |  |

申請老師簽章

系主任簽章

注意事項：請於進駐/撤出一週前填具「國立臺灣大學土木工程學系土木研究大樓電腦機房設備進駐/撤出/維護申請表」

**NTU Civil Engineering Research Building  
Computer Room Device  
Installation/Removal/Maintenance application form**

Application date(DD/MM/YYYY):    /    /

|                                |   |                |                 |   |  |
|--------------------------------|---|----------------|-----------------|---|--|
| Applicant                      |   | Contact number |                 | E-MAIL  |  |
| Person in charge of the device |   | Contact number |                 | E-MAIL  |  |
| Purpose                        |   |                |                 |   |  |
| Installation                   | <input type="checkbox"/> Permanent device               | Device Name    | Property number | Specification/model/type<br>(Please specify the volume and power consumption of the device) |  |
|                                |   |                |                 |   |  |
|                                |   |                |                 |   |  |
|                                | <input type="checkbox"/> Temporary device /Repair parts |                |                 |   |  |
|                                | _____ set(s) of device installed.                       |                |                 |   |  |
| Removal                        | <input type="checkbox"/> Permanent device               | Device         | Property number | Remarks   |  |
|                                |   |                |                 |   |  |
|                                |   |                |                 |   |  |
|                                | <input type="checkbox"/> Temporary device /Repair parts |                |                 |   |  |
|                                | _____ set(s) of device removal.                         |                |                 |   |  |

Applicant Signature

Department Chair Signature

Notice : Please fill in this “Computer Room Device Installation/Removal/Maintenance application form” one week before installation or removal.