

ACCOUNTABILITY STATEMENT FORM

FRM-IDC-OPS-ASF-004-V072519

NAME		ASSIGNED TO	HO <input type="checkbox"/> MMO <input type="checkbox"/> PSO <input type="checkbox"/>
POSITION		DATE HIRED	
DEPARTMENT		ISSUED DATE	

DESCRIPTION	MODEL	SERIAL NO.	REMARKS

This is to certify that I received the item/s indicated below as company asset under my accountability. I understand and agree that I shall be responsible for the upkeep and safekeeping of this asset. I shall be accountable for the cost incurred due to the damage and the replacement of the item stated through salary deduction. It is further understood that I shall return/turn-over all the items owned by the company under my accountability a week before the effectivity of my resignation.

I authorize the company, in the event of loss or damage due to negligence, to deduct the amount based on purchase or depreciated price which shall be set by the finance department.

ISSUED BY

RECEIVED & AGREED

Signature over printed name / Date

Signature over printed name / Date