

## Company Asset Accountability Form

In accepting the assets assigned to me, I hereby agree to the following conditions:

- I understand that I am solely responsible for the company assets while in my possession.
- I shall only use the company assets for iPloy’s operational-related purposes.
- I shall keep the company assets in good working order and will notify the IT Team and/or Team Leader of any defect or malfunction during my use.
- I shall not install and/or download any unauthorized software and/or applications.
- I shall not allow the company assets to be used by an unauthorized person. I assume the responsibility for the actions of others while using the computer.
- If company assets are lost, stolen, or damaged, the incident must be reported to the IT Team and/or Team Leader within 24 hours.
- I agree to pay all or their respective costs associated with the damage, negligence or misuse, loss of, or theft of the company asset/s.
- I understand that a violation of this agreement may result in further discipline up to and including termination of employment and/or legal action.
- I understand that should there be changes to the asset/s, I will be notified by email.

### Assign Assets Details

**System Unit Asset Code #** IPLOYDLL47

**Monitor 1 Asset Code #** IPLOYDLLMT47-1

**Monitor 2 Asset Code #** IPLOYDLLMT166-1

**Headset Asset Code #** IPLOYHS1112

**Additional** Access card, keyboard, mouse, AVR and webcam

Company Asset	Total Cost	Payable per Pay	Pay Period
System Unit	Php 45,000.00	Php 3,000.00	Payable for 15 pay period
Monitor	Php 10,000.00	Php 2,000.00	Payable for 5 pay period
Headset	Php 2,500.00	Php 850.00	Payable for 3 pay period
Keyboard	Php 500.00	Php 500.00	Payable for 1 pay period
Mouse	Php 500.00	Php 500.00	Payable for 1 pay period
AVR	Php 500.00	Php 500.00	Payable for 1 pay period
Webcam	Php 1,500.00	Php 750.00	Payable for 2 pay period
Access Card	Php 500.00	Php 500.00	Payable for 1 pay period

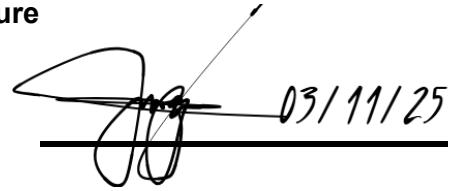
**Note:** Depreciation is subject for top management’s approval.

By signing this Company Asset Accountability Form, I hereby acknowledge that I have read and fully understand all its provisions and should not hold the company liable for any loss or damage to my assets and accountabilities while they are in my possession.

**Employee ID No.**

5454

**Date and Signature**



03/11/25

**Employee Name**

Shiela Mae Barquin Mingoc

**Employee Comment:** \_\_\_\_\_

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**iPloy IT Confirmation**

This is to confirm that the assigned assets listed above have been reviewed and approved for release by the iPloy IT personnel mentioned below.

**Released by**

Jason Enjada

**Date Released**

March 11, 2025

DigiSigner Document ID: e5194373-7d77-475c-b034-fbec217c312d

## Signer

Email: susanmingoc@gmail.com  
IP Address: 20.172.4.175

Email: susanmingoc@gmail.com  
IP Address: 20.172.4.175

## Signature



03/11/25

Event	User	Time	IP Address
Upload document	susanmingoc@gmail.com	3/11/25 4:39:29PM EDT	
Open document	susanmingoc@gmail.com	3/11/25 4:40:34PM EDT	20.172.4.175
Sign document	susanmingoc@gmail.com	3/11/25 4:42:55PM EDT	20.172.4.175
Close document	susanmingoc@gmail.com	3/11/25 4:42:55PM EDT	20.172.4.175
Send for signing	susanmingoc@gmail.com	3/11/25 4:43:16PM EDT	20.172.4.175