IT Resource Tracking Checklist

Date: [Insert Date]

To: [Employee Name]

Department: [Department Name]

From: [Your Name]

Subject: IT Resource Tracking Checklist

Checklist Items

•	Device Inventory:	
	0	[] Laptop/PC
	0	[] Monitor
	0	[] Printer
•	Software Inventory:	
	0	[] Operating System
	0	[] Office Suite
	0	[] Antivirus Software
•	Access	s Credentials:
	0	[] Network Access
	0	[] Application Access
	0	[] Email Access
•	Peripheral Devices:	
	0	[] Keyboard
	0	[] Mouse
	0	[] External Hard Drive

Thank you for ensuring that all IT resources are tracked accurately. Please complete the checklist and return it to the IT department.

Best regards,

[Your Name]

[Your Position]