

Interdepartmental Asset Transfer Form

Date of Transfer**Transferring Department****Department Name****Contact Person****Receiving Department****Department Name****Contact Person****Asset Details**

Asset Description	Asset Tag/ID	Quantity	Condition	Additional Notes
<input type="text"/>				
<input type="text"/>				

Reason for Transfer**Authorized By (Transferring Dept.)**

Name & Signature

Authorized By (Receiving Dept.)

Name & Signature

Date

Important Notes

- Ensure all asset details are accurate prior to submitting the form.
- Both departments must authorize the transfer with proper signatures.
- Retain a copy of the form for asset tracking and future reference.
- Check organizational policies for additional approval or documentation requirements.