

Asset Transfer Form

Form No.:

Date:

Asset Details

S/N	Asset Description	Asset Code/No.	Quantity	Condition	Remarks

Transfer From

Department/Location:

Transferor Name:

Signature:

Date:

Transfer To

Department/Location:

Transferee Name:

Signature:

Date:

Verified By

Name:

Signature:

Date:

Important Notes

- This form must be completed and authorized before transferring any assets.
- Ensure all asset details are accurately filled in.
- Both parties (transferor and transferee) must sign and date the form.
- Keep a copy for department records and submit to the asset management team.
- Any discrepancies must be reported immediately.

