

# ASSET TRANSFER FORM

Transfer Number: \_\_\_\_\_ Date: \_\_\_\_\_

From Department: \_\_\_\_\_ To Department: \_\_\_\_\_

Transfer Initiated By: \_\_\_\_\_ Transfer Approved By: \_\_\_\_\_

## Asset Details

Asset Name	Asset ID/Tag	Description	Quantity	Condition

## Reason for Transfer

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## Handed Over By

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Received By

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Important Notes:

- This document must be completed for every asset transfer between departments or individuals.
- All information should be filled out accurately to maintain proper asset records.
- Ensure both parties sign and date the form before completion of transfer.
- Keep this document for audit and verification purposes.