

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

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.