

IT Equipment Transfer Form

Transfer No.: _____

Date: _____

From (Department/Person): _____

To (Department/Person): _____

Location (From): _____

Location (To): _____

Equipment Details

#	Equipment Description	Brand/Model	Serial Number	Asset Tag/ID	Condition	Remarks
1						
2						
3						

Authorization

Transferred By: _____

Signature: _____

Date: _____

Received By: _____

Signature: _____

Date: _____

IT Dept Approval: _____

Signature: _____

Date: _____

Important Notes

- This form must be completed for all IT equipment transfers between departments or personnel.
- Ensure all equipment details are correctly recorded, including serial numbers and asset IDs.
- Approval from the IT department is mandatory before completing the transfer.
- Both transferring and receiving parties should sign to confirm the transfer.
- Keep a copy of the completed form for record-keeping and audit purposes.