

# Office Furniture Handover Form

## General Information

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

Location/Department: \_\_\_\_\_

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

Employee ID: \_\_\_\_\_

## Furniture Details

No.	Item Description	Asset Number	Condition	Remarks
1				
2				
3				

## Handover Confirmation

Handed Over By (Name & Signature): \_\_\_\_\_

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

Received By (Name & Signature): \_\_\_\_\_

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

## Important Notes

- Ensure all items listed are checked for proper condition before handover.
- Both parties should review the details and sign the form.
- Keep a copy of the completed form for future reference and asset tracking.
- Report any missing or damaged items immediately to the administration.