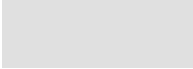


[Company Logo]



Asset Tagging Form

Department / Unit:

Date:
____ / ____ / ____

No.	Asset Description	Asset Type / Category	Asset Serial No.	Model / Brand	Asset Tag Number	Location
1						
2						
3						
4						

Prepared By

Name: _____

Signature: _____

Date: ____ / ____ / ____

Verified By

Name: _____

Signature: _____

Date: ____ / ____ / ____

Approved By

Name: _____

Signature: _____

Date: ____ / ____ / ____

Important Notes:

- This form should be completed for each asset tagged and updated as necessary.
- Ensure all details are complete and accurate before submitting for approval.
- Maintain a copy of this form for departmental records and audit purposes.
- Asset tag numbers must be unique and clearly affixed to the physical asset.
- Report any discrepancies to the asset management department immediately.