

# Asset Transfer Request Form

Date of Request

## Requestor Details

Name

Department

Contact Number / Email



## Transfer Information

Transfer From (Location/Department)

Transfer To (Location/Department)

Intended Transfer Date

## Asset Details

Asset Tag / Serial No.	Asset Description	Quantity	Asset Condition
<input type="text"/>	<input type="text"/>	<input type="text"/>	Good 
<input type="text"/>	<input type="text"/>	<input type="text"/>	Good 

## Reason for Transfer

**Approvals**

Name	Position	Signature	Date
<div></div>	<div></div>	<div></div>	<div></div>
<div></div>	<div></div>	<div></div>	<div></div>

**Important Notes**

- All asset transfers must be approved by authorized personnel before any movement takes place.
- Ensure complete and accurate information is provided for each asset.
- Maintain copies of this form for audit and inventory control purposes.
- Improper transfer of assets may result in disciplinary action.