

# Internal Asset Relocation Document

Date: \_\_\_\_\_  
Document No.: \_\_\_\_\_

## 1. Relocation Details

From Location	_____
To Location	_____
Department	_____
Relocation Date	_____
Reason for Relocation	_____

## 2. Asset Information

Asset ID / Tag	Description	Serial Number	Current Condition	Remarks
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## 3. Approvals & Acknowledgements

Requested By

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

Department Head Approval

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

Asset Custodian

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

### Important Notes:

- This document must be completed before relocating any internal asset.
- Ensure asset details and conditions are verified during handover and takeover.
- Obtain all necessary approvals before executing the relocation.
- Keep a copy of this document for audit and record-keeping purposes.

- Any discrepancies should be immediately reported to the Asset Management Team.