

Asset Inventory Transfer Form

Interdepartmental Version

Date of Transfer: _____
Transfer Reference No.: _____
Initiating Department: _____
Receiving Department: _____
Initiated By (Name & ID): _____
Contact: _____

| Asset Tag / ID | Description | Serial Number | Quantity | Condition | Location (From/To) | Remarks |
|----------------|-------------|---------------|----------|-----------|--------------------|---------|
| _____ | _____ | _____ | _____ | _____ | _____/_____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____/_____ | _____ |

Initiating Dept. Representative: _____
Date: _____
Receiving Dept. Representative: _____
Date: _____
Asset Management Approval (if required): _____
Date: _____

Important Notes:

- This form must be completed and signed by both departments involved prior to any asset movement.
- Ensure all asset details and serial numbers are accurate before transfer.
- Retain a copy of the completed form in both initiating and receiving department records.
- Some transfers may require additional approval from Asset Management or Finance.
- Any discrepancies must be reported immediately after transfer is complete.