

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.