

Asset Movement Authorization Form

Internal Department Transfer

TRANSFER DETAILS

Request Date	YYYY-MM-DD	Transfer Number	e.g. INT-2024-001
From Department	e.g. IT Department	To Department	e.g. Finance Department
Person Responsible (From)	Name	Person Responsible (To)	
Name			

ASSET INFORMATION

No.	Asset Description	Asset Tag/Serial No.	Qty	Condition	Remarks
1	e.g. Dell Laptop	e.g. DELL12345	1	Good	
2					
3					

APPROVAL

Prepared by
(Name & Signature)

Date:

Approved by
(Department Head)

Date:

Received by
(To Department)

Date:

IMPORTANT NOTES

- This form must be completed and approved prior to any internal asset movement between departments.
- Both transferring and receiving departments are responsible for verifying asset details and condition.
- Update the asset register immediately after the transfer is completed.
- Keep a signed copy for audit and record purposes.