

# Fixed Asset Transfer Request – Department-to-Department

Date of Request:

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Requesting Department:

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Receiving Department:

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Asset Details:

Asset Tag/Code	Description	Serial Number	Acquisition Date	Original Cost	Current Condition

Reason for Transfer:

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Requested by (Requesting Dept.):

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Name/Signature/Date

Approved by (Requesting Dept. Head):

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Name/Signature/Date

Accepted by (Receiving Dept.):

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Name/Signature/Date

Approved by (Receiving Dept. Head):

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Name/Signature/Date

Verified by (Asset Management/Finance):

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Name/Signature/Date

## Important Notes:

- This form must be completed and approved before any assets are physically transferred.
- Asset records must be updated upon completion of the transfer.
- Both departments are responsible for verifying the asset's condition at the time of transfer.
- Retention of approved form is required for audit and reference purposes.