

Fixed Asset Transfer Request – Department-to-Department

Date of Request:

Requesting Department:

Receiving Department:

Asset Details:

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

Reason for Transfer:

Requested by (Requesting Dept.):

Name/Signature/Date

Approved by (Requesting Dept. Head):

Name/Signature/Date

Accepted by (Receiving Dept.):

Name/Signature/Date

Approved by (Receiving Dept. Head):

Name/Signature/Date

Verified by (Asset Management/Finance):

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.