

Interdepartmental Asset Custody Transfer Document

Date: _____

Reference No.: _____

From (Transferring Department)

Department Name: _____

Contact Person: _____

Location: _____

To (Receiving Department)

Department Name: _____

Contact Person: _____

Location: _____

Asset(s) Details

#	Asset Description	Asset ID/Serial No.	Condition	Remarks
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

Authorization & Acknowledgement

Transferring Dept. Representative

Name & Signature

Date: _____

Receiving Dept. Representative

Name & Signature

Date: _____

Asset/Inventory Officer

Name & Signature

Date: _____

Important Notes

- Ensure all asset details and conditions are accurately recorded before transfer.
- This document must be signed by representatives from both departments and the asset/inventory officer.
- Attach supporting documents if required (e.g., asset photographs, warranty papers).
- Retain copies of the signed document for audit and record-keeping purposes.
- All transfers are subject to compliance with company asset management policies.