

Standard Asset Transfer Form “ Interdepartmental

Date	_____	Transfer Reference #	_____
Asset ID / Tag No.	_____	Asset Description	_____
Asset Category	_____	Serial Number	_____
Quantity	_____	Value	_____

Transferring Department

Department Name	_____
Department Head	_____
Contact Person	_____

Receiving Department

Department Name	_____
Department Head	_____
Contact Person	_____

Reason for Transfer

Acknowledgement & Approval

Transferring Dept. Head Signature:

Date: _____

Receiving Dept. Head Signature:

Date: _____

Asset Management/Finance Approval:

Date: _____

Important Notes:

- Ensure all asset details are accurately entered before submission.
- Both departments must authorize the transfer for it to be valid.
- Attach supporting documents (if any) when submitting the form.
- Keep a copy of this document for departmental records.
- Follow internal policy and obtain all required approvals prior to asset relocation.

