**UTS-FD-P03-FA**

**FIXED ASSET LOCATION TRANSFER FORM**

***Please use CAPITAL LETTERS and complete all fields. This form is to be completed in order to transfer a fixed asset from this building to the other building. When requesting a transfer, each item should be identified on the form completely.***

|  |  |
| --- | --- |
| **Name:** |  |
| **Department:** |  |
| **Date:** |  |

1. **Asset Description:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Item Description** | **Quantity** | **Serial Number** | **Barcode Number** |
| 1 |   |  |   |   |
| 2 |   |  |   |   |
| 3 |   |  |   |   |
| 4 |   |  |   |   |

1. **Transfer Detail:**

|  |  |
| --- | --- |
| **Current Department / School:** |  |
| **New Department / School:** |  |
| **Current Location:** |  |
| **New Location:** |  |

1. **Date Transferred:** Month\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_
2. **Briefly explain why asset is being transferred:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Declaration**

I hereby recommend that the equipment has to be moved by the needs of employees on the job. I also hereby assigns full responsibility to officers above to ensure that equipment is always in good condition.

Prepared by (signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved by (signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(DEAN/HOD/HOP)*

Date: Date:

|  |
| --- |
| *For Bursary Office Use Only:* |
| **Authorised by :** | **Verified by:** | **Approved by:** |
|  |  |  |
| Name: | Name: | Name: |
| Date: | Date: | Date: |