

DEWHIRST SHANTA

MIS EQUIPMENT TRANSFER FORM

Transfer Form No :

Requested Date :

ASSET DETAILS

Asset Number	<input type="text"/>	Asset Name	<input type="text"/>
Serial Number	<input type="text"/>		
Asset Type	<input type="text"/>		
Asset Make	<input type="text"/>		
Asset Model	<input type="text"/>		
Date of Purchase	<input type="text"/>	Ref :	<input type="text"/>
Purchase Price	<input type="text"/>		

TRANSFER FROM

User	<input type="text"/>
Location	<input type="text"/>
Department	<input type="text"/>

I hereby agree that the hardware stated above is free of any confidential data and is ready to be transferred.

I agree that the hardware is not in use and not required for my department. I also agree for it to be transferred to any user requiring the use of this hardware.

Current User

Department Head

TRANSFER TO

User	<input type="text"/>
Location	<input type="text"/>
Department	<input type="text"/>

I agree to follow and abide by the Dewhirst User Policy. I will also regularly maintain the cleanliness of this hardware.

I agree to receive the hardware and have instructed the user to abide by the Dewhirst IT User Policy.

New User

Department Head

FOR IT USE ONLY

Transfer Date	:	<input type="text"/>
Transfer By	:	<input type="text"/>
Transfer Remark	:	<input type="text"/>
Transfer Cost	:	<input type="text"/>
		Delivery Note Ref : <input type="text"/>

MIS Manager

Directors Approval