FM-FASS-PSU F18 Rev 0 / 07-01-23

INVENTORY TRANSFER REPORT

Entity Name :			Fund Cluster:			
From Accountable To Accountable C	e Officer/Agency/Fund Officer/Agency/Fund C	Cluster:		ITR No. : Date :		
Transfer Type: (c	heck only one) Donation Reassignment		Relocate Others (Specify)	*		
Date Acquired	Item No.	ICS No./Date	Description	Amount	Condition of Inventory	
		1				
		19				
Reason for Trans	fer:					
	-					
Signature :	Approved by:		Released/Issued by:	Received by:		
Printed Name :						
Designation:						
Date:						