

ASSET RECEIPT FORM

Received Date:

Name (As per CNIC):

Designation:

Department:

Employee Code:

Location:

Reporting Manager:

Name of Items:

Declaration Note:

I acknowledge that I have received the above item(s) that is/are required to perform regular function of my designation & responsibilities. The received good(s) is/are in good working condition and enough sufficient to fulfill my needs. I am solely responsible for the holding asset(s) cost in case of some accident, damage, stolen, snatched etc. In case any asset(s) is/are not in my use, I assure to return without any delay.

Receiver's Name:

Sign: _____

Date: _____