**ASSET ACCOUNTABILITY FORM**

**Please complete the following form upon receipt/return of any company equipment. A copy of this form will be kept on your personal file and used to monitor the return of any equipment should you leave the company.**

**TRANSFER OF ASSETS**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF TRANSFEROR:** | {transferor\_name} | **DEPARTMENT/CLIENT:** | {transferor\_department} |
| **DATE HIRED:** | {transferor\_date\_hired} | **POSITION:** | {transferor\_position} |

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF TRANSFEREE:** | {transferee\_name} | **DEPARTMENT/CLIENT:** | {transferee\_department} |
| **DATE HIRED:** | {transferee\_date\_hired} | **POSITION:** | {transferee\_position} |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE** | **DESCRIPTION** | **BRAND** | **SERIAL NUMBER** | **CONDITION** |
| {#devices}{TransferDate} | {deviceType} | {brand} | {deviceTag} | {condition}{/devices} |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |

I {transferor\_name} I, the transferor, hereby surrender all responsibility associated with the assets mentioned above and free myself from any further responsibilities. I confirm that the assets are in satisfactory condition at the time of transfer.

I \_{transferee\_name} I, the transferee, accepts full responsibility for the assets being transferred to me and agree to assume all associated obligations upon signing this form. I commit to exercising due diligence in the care of these assets.

I \_\_JOHN ALBERT LAGO\_\_\_\_ the asset custodian, witnessed and facilitated the transfer between two parties.

|  |
| --- |
| **TRANSFEROR SIGNATURE:** |
| **TRANSFEREE SIGNATURE:** |
| **IT SIGNATURE:** |