Autohub GROUP

FIXED ASSET TRANSFER FORM

FROM		TO	
Name		Name	
ID #		ID #	
Position		Position	
Department / Company		Department / Company	

Temporary Transfer ☐ Return Date (for temporary transfer) ☐

Permanent Transfer ☐

QTY	UNIT	ITEM DESCRIPTION	TAG NUMBER	DATE PULLED - OUT	DATE RECEIVED	REASON OF TRANSFERRING/OTHER REMARKS

OTHER :

Signature over Printed Name
Endorser

Signature over Printed Name
Receiver

NOTE: *Generate 3 copies (endorser / receiver / admin)*

ASD x 2014