



MOGALAKWENA MUNICIPALITY

ASSET TRANSFER FORM

DATE REQUESTED: _____

ASSET BARCODE: _____

ASSET DESCRIPTION: _____

CLASSIFICATION OF ASSET: _____

CONDITION OF ASSET: _____

REASON FOR TRANSFER: _____

CURRENT LOCATION (Approval for the transfer of the asset)	NEW LOCATION (Asset is received and the above details are verified)
DEPARTMENT/LOCATION	DEPARTMENT /LOCATION
NAME OF BUILDING	NAME OF BUILDING
ROOM NUMBER	ROOM NUMBER
TRANSFERRING OFFICIAL	RECEIVING OFFICIAL
TRANSFERRING OFFICIAL SIGNATURE	RECEIVING OFFICIAL SIGNATURE
HOD NAME AND SURNAME	HOD NAME AND SURNAME
HOD SIGNATURE	HOD SIGNATURE
DATE TRANSFERRED	DATE RECEIVED
CHIEF FINANCIAL OFFICER NAME AND SURNAME	
CHIEF FINANCIAL OFFICER SIGNATURE AND DATE	
CAPTURED BY NAME AND SURNAME	
ASSET NO(VENUS)	
DATE CAPTURED	