



MOGALAKWENA MUNICIPALITY

## ASSET REMOVAL FORM

DATE REQUESTED:

---

DATE REMOVED:

---

DEPARTMENT:

---

ASSET BARCODE:

FLOOR NUMBER/ ROOM

NUMBER:

---

---

ASSET DESCRIPTION:

---

CLASSIFICATION OF ASSET:

---

REASON FOR REMOVAL:

---

RETURN DATE:

---

DATE RETURNED:

---

REQUESTED BY:

NAME AND SURNAME:

---

POSITION:

---

SIGNATURE:

---

DATE:

---

AUTHORISED BY:

NAME AND SURNAME:

---

POSITION:

---

SIGNATURE:

---

DATE:

---