

Equipment Return and Transfer Request

Requester Information

Name:

Employee ID:

Department:

Contact Number:

Email:

Equipment Details

Equipment Name	Asset Tag/Serial Number	Condition	Remarks

Return / Transfer Information

Date of Request:

Return or Transfer To (Department/Person):

Reason for Return/Transfer:

Approval

Approver Name:

Designation:

Date:

Signatures

Requester

Approver