

# Microwave Link Equipment Transfer Document

Project Name

Date

Transfer Reference No.

Link Name / ID

## Equipment Details

Item	Model	Serial Number	Quantity	Remarks

## Transfer Details

Transferring From (Name/Dept/Location)

Transferring To (Name/Dept/Location)

Purpose / Reason

Transferred By

Date:

Received By

Date:

(Ensure all equipment is checked and in working condition prior to transfer. Attach additional sheets if necessary.)