

ASSET RECEIPT FORM

Format No.

Rev. No.

Rev. Date.

Asset Receipt Form # _____ Date _____

Asset Receipt from _____ Sign. _____

Department _____ from Location _____

Received by _____ Sign. _____

Department _____ for Location _____

Following Asset(s) received:

#	Asset(s) Name	Tracking Code	Description

Declaration note:

I acknowledge that I have received the above items that required performing regular functions of my designation & my responsibility to hold as good working conditions and in order, I am responsible for the assets and replacement costs. In case any assets are not in used I promise to return without delay.

Employee Name: _____ Sign. _____

Head of Department _____ Sign. _____