

**PACKAGES CONVERTORS  
LIMITED  
Fixed Asset Transfer Form**

**Releasing Department Name :** \_\_\_\_\_ **Releasing Department Cost Center :** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Receiving Department Name :** \_\_\_\_\_ **Receiving Department Cost Center :** \_\_\_\_\_

S r #	Asset Number in SAP	Description of Item(s)	Serial Number Marked by Manufacturer	Made / Maunfactu rer	Model	Year of Capitali sation	Releasing Department Cost Center	Receiving Department Cost Center	Cost	Reason for transfer
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

\_\_\_\_\_  
**Releasing Departmental Head**

\_\_\_\_\_  
**Receiving Departmental Head**

**Distribution:**

- Inventory Accounts In charge
- Receiving Department Head of Department
- Releasing Department Head of Department
- Mechanical/ Electrical Department In charge (If Installation req)
- IT Department for IT Equipment