



**Tshwane University
of Technology**

We empower people

AA9

MOVEMENTS OF ASSETS

(TRANSFER/MOVING OF ASSETS BETWEEN/WITHIN CAMPUSES)

FINPOL037

TO: FACILITY MANAGEMENT SERVICES

JOB CARD NUMBER: _____

TO: ASSET DEPARTMENT

FROM : _____ (Faculty/Department) **Date:** _____

PLEASE MOVE THE FOLLOWING ASSETS LISTED BELOW:

FROM: CAMPUS _____ BUILDING _____ FLOOR _____ ROOM _____

NAME OF PERSON _____ SIGNATURE _____

PERSONNEL NUMBER _____ EXT: _____

TO: CAMPUS _____ BUILDING _____ FLOOR _____ ROOM _____

NAME OF PERSON _____ SIGNATURE _____

PERSONNEL NUMBER _____ EXT _____

HEAD OF DEPARTMENT'S NAME: _____ **PERSONNEL NUMBER** _____ **EXT** _____

BARCODE/ASSET NO	DESCRIPTION	SERIAL NUMBER

**NB: NO ASSETS WILL BE MOVED BY THE MOVEMENT TEAM WITHOUT THE COMPLETED FORM AND
AUTHORIZATION BY THE ASSET DEPARTMENT.**

AUTHORISED BY ASSET DEPARTMENT

INITIALS & SURNAME

SIGNATURE

DATE