



SOUTH EASTERN KENYA UNIVERSITY

DIRECTORATE OF INFORMATION COMMUNICATION AND TECHNOLOGY

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ASSET MOVEMENT / ASSET TRANSFER FORM

RECEIVING DEPARTMENT: _____ FROM (DEPT NAME): _____

DATE OF MOVEMENT: _____

#	ITEM DESCRIPTION	SERIAL NO.	SEKU-ASSET NO.	REASON FOR MOVEMENT	FILLED BY: NAME, SIGNATURE
1					
2					
3					
4					

MOVEMENT AUTHOURISED BY: _____
NAME DESIGNATION SIGNATURE / DATE

ALL ASSETS RECEIVED AS INDICATED: _____
NAME PF/ID.NO SIGNATURE / DATE

NOTE: Attach: Delivery Note, LPO and/or Original Request which was approved