HARVESTERS
INTERNATIONAL CHRISTIAN CENTRE
Changing lives

ASSET ISSUANCE FORM

Document No.: _____ **Date of Issue:** ____ / ____ / _____

Department/Location: _____ **Asset Custodian/Department:** _____

1. EMPLOYEE DETAILS

Field	Details
Employee Name	_____
Employee ID/Staff No.	_____
Job Title	_____
Department	_____
Location/Campus	_____
Supervisor/Line Manager	_____
Date of Employment	____ / ____ / _____

2. ASSET DETAILS

S/N	Asset Description	Asset Tag No.	Serial No.	Make/Model	Condition at Issue
1					☐ New ☐ Good ☐ Fair
2					☐ New ☐ Good ☐ Fair
3					☐ New ☐ Good ☐ Fair

Accessories/Components Issued:

☐ Charger/Power Adapter ☐ Carrying Case/Bag ☐ Mouse ☐ Keyboard

☐ Headset ☐ Docking Station ☐ Other: _____

3. PURPOSE OF ISSUANCE

Purpose/Business Use:

_____

_____

Expected Location of Use: _____

Expected Return Date (if applicable): ____ / ____ / _____

4. ASSET CUSTODY AND USER ACKNOWLEDGEMENT

I acknowledge receipt of the asset(s) listed above in good working condition, except where otherwise stated. I understand that:

- The asset(s) remain the property of the organisation and are issued to me strictly for authorised business purposes.
- I am responsible for the proper care, security and appropriate use of the asset(s) assigned to me.
- I will not sell, transfer, lend, dispose of, alter or permit unauthorised persons to use the asset(s).
- I will immediately report any loss, theft, damage or malfunction to my supervisor and the appropriate HR/IT/Administration function.
- I will return the asset(s), including all accessories, upon request, transfer, resignation, termination of employment or when the asset is no longer required.
- I understand that damage or loss arising from negligence, misuse or failure to comply with the organisation's asset management policy may result in disciplinary and/or financial consequences, subject to applicable company policy and law.
- I consent to the asset details being recorded in the organisation's Fixed Asset Register/Asset Management System.

5. CONDITION/REMARKS AT ISSUANCE

_____

_____

6. APPROVAL AND ACKNOWLEDGEMENT

Issued By – Asset/HR/IT Officer

Name: _____ Signature: _____

Date: ____ / ____ / _____

Employee/Asset Custodian

Name: _____ Signature: _____

Date: ____ / ____ / _____

7. ASSET RETURN/TRANSFER RECORD

Date	Action	Condition	Received/Transferred To	Signature
	☐ Returned ☐ Transferred			
	☐ Returned ☐ Transferred			

Final Remarks:

_____

_____

Asset Register Updated By: _____

Date Updated: ____ / ____ / _____