

**Institute of Jamaica  
Fixed Asset Management System  
Divisional Asset Receivable Form**

**TO:**                      **Asset Management Department**

**FROM:**                **Administrator -**

**DATE:**

	Division and Location Details
<b>Source Division</b>	
<b>Department</b>	
<b>Assigned Location</b>	
	Assets Details
<b>Item Description</b>	
<b>Manufacturer</b>	
<b>Serial Number</b>	
<b>Supplier Name</b>	
<b>Purchase Order Number</b>	
<b>Purchase Price (J\$)</b>	
<b>Date Purchased</b>	
<b>Date Received</b>	
<b>Warranty</b>	
	Assignment Details
<b>Responsible Staff Functionary Position Title</b>	
<b>Responsible Staff Name</b>	
<b>Proposed Assignment Date</b>	