



## FIXED ASSEST DISPOSITION AND TRANSFER-FURNITURE AND EQUIPMENT

### REQUESTOR INFORMATION

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Campus: \_\_\_\_\_ Room Number: \_\_\_\_\_

### WORK-FLOW

- Requestor:** Complete ALL information fields for the asset being moved or disposed. PLEASE DO NOT INCLUDE ANY TECHNOLOGY ITEMS ON THIS FORM.
- Campus Principal:** Review, approve and sign transfer document – Notify Maintenance staff for removal.
- Maintenance:** Upon removal, sign form and forward the form to Business Office (Kim Henley).

TRANSFER FROM: \_\_\_\_\_ TRANSFER TO: \_\_\_\_\_  
 Location/Bldg Location/Bldg

Reason for Disposal/ Removal:  Broken  Obsolete  Fire  Theft  Other

Quantity	Item Description	RCI Tag Number	RCI Room Tag Number	Campus Room Number

REQUESTOR

CAMPUS/BUILDING SUPERVISOR

MAINTENANCE DEPARTMENT