



FIXED ASSEST DISPOSITION AND TRANSFER

REQUESTOR INFORMATION

Employee Name: _____ Date: _____
 Campus: _____ Room Number: _____

WORK-FLOW

- Requestor:** Complete all information fields for the asset being moved or disposed.
- Campus Principal:** Review, approve and sign transfer document – If technology items are included in this document send to District Technology Department for review.
- District Technology Department:** Upon review of transfer information send signed form to Campus Principal and 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

District Tech. Dept.

Campus/ Building Supervisor

Maintenance Dept.