



## FIXED ASSEST DISPOSITION AND TRANSFER-TECHNOLOGY

### REQUESTOR INFORMATION

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

### WORK-FLOW

1. **Requestor:** Complete ALL information fields for the asset being moved or disposed. PLEASE INCLUDE ONLY TECHNOLOGY ITEMS ON THIS FORM.
2. **Campus Principal:** Review, approve and sign transfer document – Send to District Technology Department for review.
3. **District Technology Department:** Upon review of transfer information send signed form to Campus Principal.

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

TECHNOLOGY DEPARTMENT