



**HENDRIX**  
Facilities Management Department

**PROPERTY DISPOSAL / RELOCATION FORM**

Date:

Requester Name:

Requester Email:

Equipment Description:

Present Location / Department:

Proposed Location / Department:

Equipment Disposition: Sell  Dispose  Storage  Relocate

Equipment Estimated Worth: \$

Recovered Price: \$

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Building Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Warehouse Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Facilities Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

**Complete and sign this form. E-mail form to [Facilities@hendrix.edu](mailto:Facilities@hendrix.edu) or fax to at 450-1211.**