

MOVING REQUEST FORM
UAPB CENTRAL RECEIVING
Phone 575-8835 Fax 575-4686

Date: _____
Department: _____ Account #: _____
Requested By: _____ Extension: _____
Budget Officer Signature Required: _____ Date: _____

Rates

Where one man is required: \$20 per hour
Where two men are required: \$35 per hour

The minimum charge is \$20.00 per request. Major moving jobs requiring additional personnel will be charged at \$15.00 per man-hour.

Type Of Move

Transfer to new department
Interdepartmental transfer
Dispose of property

Property Description

UAPB's						
Qty.	Item Name	Model #	Serial #	Decal #	Age	Description

(You may attach a list if more space is needed being sure to indicate the item name, model number, serial number & UAPB decal number.)

Present Property Location: Building _____ Room # _____

Move To: Building _____ Room # _____

Department Transferring Property: _____
Chairman or person authorized to sign _____ Date _____

Department Receiving Property: _____
Chairman or person authorized to sign _____ Date _____

Warehouse Manager: _____
Signature _____ Date _____

Job Completion Date: _____ By: _____

* For Office use only: Man Hours: _____

* Comments _____

Property Control Signature: _____ Date: _____