

WAREHOUSE REQUEST TO MOVE FORM



INSTRUCTIONS TO ORIGINATOR

Use this form to request for site delivery/removal of surplus equipment/furniture and other product.
 Please forward a copy of this form to the warehouse for scheduling and approval. Fax # 566-3522 or email Vince.Navarrete and Sue.Toledo

School or Department: _____ Originator: _____

Budget Code: **Required for pick-up of shred documents only**

Fund	Resource	PY	Object	Location	Goal	Function	LOC 1	LOC 2

ACTION REQUESTED:

Shred Pick Up E-Waste Removal Furniture Removal Furniture Delivery
 Transfer to another site Other : _____

Site: _____

Teacher: _____

Room: _____

NUMBER OF ITEMS/BOXES/PALLETS: _____

Special Instructions or Detailed Information:

SURPLUS/E-WASTE EQUIPMENT INFORMATION:

Description	Make	Model	Serial #	Asset Tag #

NOTE: TO LIST ADDITIONAL SURPLUS/E-WASTE PLEASE ATTACH A COPY OF THE SURPLUS PROPERTY REMOVAL LOG

WAREHOUSE USE ONLY	
Received Date:	Approved By:
Move Completion Date:	Completed by (Staff Names) :