AUGUSTA UNIVERSITY

Moving Services

Move Request Form

University Property

Use this form to request moving services—**do not include surplus property**. Please submit requests at least 10 days prior to the requested move date. Send requests to wmc@augusta.edu or you may visit augusta.edu/facilities/mrqfm.php to submit a work order request.

Please provide drawings and diagrams as necessary. Moves will be scheduled on or as close to the requested date as possible. Large moves will require advanced planning to schedule resources.

DATE: _____ **REQUESTED MOVE DATE:** _____

DEPARTMENT NAME: _____ **DEPARTMENT ID:** _____

DEPARTMENT CONTACT: _____ **PHONE NUMBER:** _____

**********Department Responsibility includes the following**********

NOTE: Due to safety reasons equipment used in research and clinical areas must be verified before relocation. Environmental Health & Safety (ext. 1-2663) and Biomedical Engineering (ext. 1-2228) verification is required before request can be processed. Requests cannot be processed without this verification.

Item Description	Tag # (or Serial # if no Tag # exists)	From Building Room #	To Building Room #