Augusta State University

Request For Moving Services

Central Services

TO: Supply Manager (Moving Section)

From: Information Technology Services _____
(Department) (Department Head Signature)

_____ _____ _____
(Contact Person) (Phone Ext.) (Date Move Desired)

Requests for Moving Services are to be received **ten (10) working days** prior to the DATE MOVE DESIRED. Specify in detail each item to be moved. Indicate quantities (packed boxes, etc.) and identify items that are SURPLUS to your needs in the appropriate column. Property items valued at $1,000.00 or more MUST be listed to the EQUIPMENT TRANSFER RECORD form.

Item Description	From Bldg./Room#	To Bldg./Room #/Surplus

This request completed on _____ Accepted by _____
(Date) (Department Representative)