## Department of General Services Moving Services Division Request for Services

PART I		MSR #	
	partment/Div Requesting S	Service	
Requestor's Name Requestor's Phone Requestor's E-mail			
PART II			
<ol> <li>Relocate items within the same office/bui</li> <li>Transport to other location</li> <li>Salvage items**</li> <li>Record Retention</li> </ol>	ilding Yes Yes Yes Burn	Mark all that a No No No Storage	
Items to be moved/quantity:			
Desk(s)* Comp Table(s) Printel Chair(s) Box(e: Bookcase(s)* Other File Cabinet(s)* Other *You must empty all drawers and shelves before they are to **All salvage items must be listed on a Salvage Form or the	s)		
PART III			
Items being moved from (include room #) : Address Contact person Phone			
Items being moved to (include room #):  Address  Contact person  Phone			
PART IV			
If moving cost exceeds the authority limit se your department head is required.	et by GSD, an authorized s	ignature to pay for s	services from
Signature Print		itle	
PART V			
<u>For I</u>	Moving Services' Use On	ıly	
Move scheduled for: Date:	At:A	AM	PM
Assigned to: GSD Movers	American Re	elocation	
Estimated cost of move \$:	Invoice #:	B/L #:	

Please see back of this form for additional contact payment information

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## Note:

Some work may require a cost estimate prior to services rendered.

Some work performed may require payment from requesting department for services rendered.

Please provide the contact information for person(s) who will be responsible for receiving and paying the invoice(s).

PART VI	
Name	,
Department/Division	
Mailing Address	
Mail Stop	
Phone	
E-mail	
PART VII	
Name	
Department/Division	 ,
Mailing Address	 ,
Mail Stop	
Phone	
E-mail	