

OIT Help Desk  
Work Order #: \_\_\_\_\_



**RELOCATION REQUEST FOR EQUIPMENT/FURNITURE**

DATE: \_\_\_\_\_

TO: Property Manager

FROM: \_\_\_\_\_ / \_\_\_\_\_  
Name of Department Head/Supervisor or Dean initials

DEPT/DIVISION NAME.: \_\_\_\_\_

**RELOCATE FROM:**

Dept./Div. Name: \_\_\_\_\_

Property Location No.: \_\_\_\_\_

Bldg. \_\_\_\_\_ Room \_\_\_\_\_

**RELOCATE TO:**

Dept./Div. Name: \_\_\_\_\_

Property Location No.: \_\_\_\_\_

Bldg. \_\_\_\_\_ Room \_\_\_\_\_

Returned to Property Control Office for disposal  
Write Justification:

\_\_\_\_\_  
\_\_\_\_\_

**NO MORE THAN 10 ITEMS PER REQUEST – (submit additional request if needed)**

**Asset Description**

**Serial No.**  
(if applicable)

**State Tag No.**

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

RELEASED BY: \_\_\_\_\_  
**PRINTED NAME**  
(Do not print or sign until assets are released)

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
Date

RELOCATED BY: \_\_\_\_\_  
**PRINTED NAME/**  
(Do not print or sign until assets are received)  
**\*Building Services or Maintenance use only**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
Date

RECEIVED BY: \_\_\_\_\_  
**PRINTED NAME**  
(Do not print or sign until assets are received)  
**\*Person receiving the assets**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
Date