

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