

Equipment/Furniture Service Request

Name of School, Department or Administrative Area: _____ Log Number: _____ Page _____ of _____

I. PROPERTY INFORMATION: Please complete all sections and include the **Serial Number:**

Asset #	Description	Serial Number	From: (Dept, Bldg, Rm.)	To: (Dept, Bldg, Rm.)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

II. MOVING INFORMATION:

Have items already been moved? YES NO Date Moved: _____ Phone: _____ Mail Drop: _____
Name of Contact Person: _____

If items have NOT been moved, please enter the following:

Name of Person Receiving Items: _____ Phone: _____ Mail Drop: _____ Date Needed By: _____

Signature: _____ Date: _____
(Signature of Person Receiving Items)

Signature: _____ Date: _____
(Signature of Dean or Administrative Head)