Department of General Services
Moving Services Division
Request for Services

MSR # _____ - _____

PART I

Date _____ Department/Division Requesting Service _____

Requestor's Name _____
Requestor's Phone _____
Requestor's Email _____

Person responsible for paying the invoice:
Name _____
Email _____

PART II

Mark all that apply

1. Relocate items within the same office/building	Yes	___	No	___
2.Transport to other location	Yes	___	No	___
3. Salvage items**	Yes	___	No	___
4. Record Retention	Burn	___	Storage	___

Items to be moved/quantity:

Desk(s)*	_____	Computer(s)	_____
Table(s)	_____	Printer(s)	_____
Chair(s)	_____	Box(es)	_____
Bookcase(s)*	_____	Other	_____
File Cabinet(s)*	_____	Other	_____

*You must empty all drawers and shelves before they are to be moved

**All salvage items must be approved and listed on a Salvage Form or they will not be removed.

PART III

Items being moved from (include room #) :
Address _____
Contact person _____
Phone _____

Items being moved to (include room #) :
Address _____
Contact person _____
Phone _____

PART IV

All moves are done by a contractor and departments are able to piggyback on the contract. Therefore, all costs for move requests are the sole responsibility of the requesting department/office who will receive the invoice for moving services completed. Please provide the funding information below.

_____ Department # _____ Fund # _____ Account #

PART V

For Moving Services' Use Only

Move scheduled for:
Date: _____ At: _____ AM _____ PM

Assigned to: Corovan _____ _____

Estimated cost of move _____ Invoice #: _____ B/L #: _____

Please see back of this form for additional contact payment information

Department of General Services
Moving Services Division
Request for Services

Piggyback Request

_____ (Department/Division name) is requesting to piggyback on GSD's Corovan Moving Services Contract in the amount of _____ or "TBD" for moving services for _____(origin address of property receiving service). The funding source is identified as _____(Department #), _____(Fund #), _____(Account #).

The person responsible for paying the invoice is _____ (name) and _____ (email).