

Operations Division RFUMS Move Request Form

O/FM Move Project Number: _____

(1) Department requesting move: _____ Today's Date: _____

(2) Appointed department move coordinator(s): _____ Ext.: _____

(3) **To ensure the involvement of correct resources, please select a move type(s):**

- Box/Furniture** Moving of existing furniture & boxes.
- Office** Moving existing furniture, computers, copier & printers only.
- Laboratory** Moving existing laboratory to another location.
- Office & Lab(s)** Moving Offices & Labs to another location or building.
- Health Care** Moving existing clinic or program to another area or building.
- Construction** Destination is under construction, all services are involved (Furniture, Fixtures & Equipment -FFE).

Note: Box/Furniture and/or Office type moves may require a **minimum of 15 days notice** prior to move date.

(4) Move date: _____ (5) Alternate date(s): _____ (6) Completion date: _____

(7) From: Room # _____ Bldg # _____ (8) To: Room # _____ Bldg # _____

Please send this form to Facilities Management so the Budget Allocation section below can be completed.

(9)	For Facilities Management Use Only:		
Cost Estimate:	Data/Telecom		\$ _____
	FF&E		\$ _____
	Construction (room prep. Paint/Carpet)		\$ _____
	Moving Cost (storage, outsource)		\$ _____
	Security (re-keying locks/card access)		\$ _____
	Waste/Disposal		\$ _____
	Total		\$ _____

(10) Cost center (GL) account(s) to fund move project: # _____ - _____ - _____ - _____

_____ - _____ - _____ - _____

_____ - _____ - _____ - _____

(11) Reviewed/Approved By:

A) _____
Department Director/Chair Date

B) _____
Dean (if applicable) Date

C) _____
Assoc. Vice President - Operations Date

D) _____
IETS Director Date

E) _____
Environ. Health & Safety Director Date
(laboratory moves only)

Return approved form to: Facilities Management Office

Date Received: _____

Received By: _____