Facilities Management Campus Planning and Operations
Lisa Edwards, Assistant Vice President

Facilities Management, Campus Planning and Operations

Office Move Request Form

REQUESTOR INFORMATION

_____
Department

_____ _____ _____
First Name Last Name Title

CONTACT INFORMATION

_____ _____ _____
Name (leave blank if same as above) Four Digit Ext. Building, Suite/Room Number

MOVE INFORMATION

_____ _____ _____
From: Building, Suite/Room Number **To:** Building, Suite/Room Number Date of Move

_____
Reason for move

_____
Move details/specifications

_____Number of boxes _____ Number of Desks _____ Number of Chairs _____ Number of Cabinets

_____
List any other items

IT EQUIPMENT

☐ Computer ☐ Phone ☐ Printer

APPROVALS

_____ _____ _____
Department Chair/VP Signature Date

_____ _____ _____
Facilities Management AVP Signature Date

_____ _____ _____
Information Technology CIO Signature Date