

Trinity Office Move Request Form

Request submitted by: _____ Suggested move date: _____
Email address: _____ Date submitted to _____
Phone Number: _____ Facilities Services: _____

*** All office move requests will be submitted to the Facilities Services Office NLT 14 days prior to the suggested move date**

From:	To:
Building:	Building:
Room Number:	Room Number:

Equipment, Furniture, Files to be Moved:

Please be as specific as possible when identifying items to be moved

Computer/Monitor:	<input type="text"/>	Printers:	<input type="text"/>	Additional IT needs:	<input type="text"/>
Lab Equipment	<input type="text"/>	Desks:	<input type="text"/>	File Cabinets:	<input type="text"/>
Storage Cabinets	<input type="text"/>	Chairs:	<input type="text"/>	Bookcases:	<input type="text"/>
Number of Boxes	<input type="text"/>				

Files and books from cabinets, drawers shelves will be boxed by the individual prior to the move

Other Comments:

Department Head Approval:	_____
Division Vice President Approval:	_____
IT Department Approval:	_____
Facilities Services Approval:	_____
Approved Date of Move:	_____
Facilities Work Order Number:	_____