Department Head Signature

| M | | |
|--|--|---|
| Work Order # | | Guidelines |
| Move Coordinator | | Move Coordinator must be present during all move activities |
| Name | | Submit itemized list of |
| Email | | items to be relocated prior to move |
| Extension | | Tag all items for relocation |
| Dept/College | | with new location & name |
| | | Empty cabinets, desks, credenzas, bookcases, etc. |
| Move Details | | Lock all furniture prior to |
| Requested Move Date | | move & keep keys |
| Origin Location | | Additional charges for moves outside of 7am-4pm Monday through Friday |
| | | Up to 3 office units per appointment |
| Destination Location | | |
| | | What We Can Move |
| | | SHSU Property OnlyFiles |
| | | • Desks |
| | | Cabinets |
| Waiver Statement | | Book Cases |
| Facilities Operations and Management is not financia | ally responsible for any | Chairs |
| damage that may occur in the course of any type of college's responsibility to determine and obtain insur moved. By signing, I understand the waiver statement be completed. | move. It is the department/ trance on items being | What We Can Not Move |
| | it and authorize work to | Large Glass |
| | | Copiers Stool Coop Furniture |
| | | Steel Case Furniture IT Equipment |
| Signature | Date | IT EquipmentSurplus Property |
| - J | | Carpias i Toporty |

SIGN ELECTRONICALLY OR PRINT, SIGN, & SCAN

Date

Personal Items

PLEASE ATTACH TO WORK ORDER