



MOVING SERVICES ASSESSMENT FORM

Date: _____ **Department:** _____

	# of Items	Current Location	New Location
DESK(S)	_____	_____	_____
CHAIRS(S)	_____	_____	_____
FILE CABINET(S)	_____	_____	_____
BOOKCASE(S)	_____	_____	_____
BOXES	_____	_____	_____
EQUIPMENT/ MACHINERY	_____	_____	_____
TABLES	_____	_____	_____
OTHER(PLEASE DESCRIBE IN DETAIL)	_____	_____	_____
COMPUTERS	_____	_____	_____
SHRED/STORAGE BOXES	_____	_____	_____

Comments: _____

By signing below, I acknowledge that the above information is correct and items will be ready on the date and time specified.

SUBMIT