

MOVING SERVICES REQUEST

DATE:	TIME:	CONTRACT NUMBER	WORK ORDER NUMBER
TO CONTRACTOR:		FROM:	
ATTN:			
PHONE:			
FAX:			
FROM LOCATION:		TO LOCATION:	
DESCRIPTION OF SCOPE OF MOVE:			
AGENCY ESTIMATED VALUE:		WEIGHT LOAD:	

SPECIAL REQUIREMENTS

DATE OF MOVE:

- STANDARD HOURS
- PREMIUM HOURS
- EMERGENCY HOURS

- WORKSTATION ASSEMBLY/DISASSEMBLY
- MOVING CARTONS
- MISC. SUPPLIES
- OTHER _____

TO BE COMPLETED BY VENDOR ----- **PROJECT SUBMITTAL** ----- TO BE COMPLETED BY VENDOR

START DATE :	START TIME:	END DATE:	END TIME:
--------------	-------------	-----------	-----------

	NUMBER	HOURS	COST
LEADWORKER	1.5		
LABOR II	3.0		
LABOR I	4.5		

SIZE	QUANTITY	COST
1.5		
3.0		
4.5		

SPECIAL EQUIPMENT	\$
MISC. SUPPLIES	\$
OTHER	\$

ESTIMATED TOTAL LABOR COST \$

TOTAL CARTONS COST \$

ESTIMATED TOTAL PROJECT COST \$

INTERCITY MILEAGE:	FROM:	TO:	MILEAGE:
COMMENTS:			

NOTE: Submit a **copy of** this approved Moving Services Request with all invoices for this project.

TO BE COMPLETED BY AGENCY ----- **PROJECT AUTHORIZATION** ----- TO BE COMPLETED BY AGENCY

AUTHORIZED BY:	DATE:
CUSTOMER NAME:	EA