

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

MOVING OR DELIVERY WORK ORDER REQUEST

Instructions:

Section 1 of this form should be completed by the requesting department and submitted to General Services. (Fax 743-2079)

1. DEPARTMENTAL INFORMATION

Work Order Requested By: _____
Position Title: _____
Department/Division: _____
Room No: _____ Phone: _____
Alternate Contact: _____ Phone: _____
Preferred Move Date: _____ Morning Afternoon Anytime

Description of Work Requested:

FOP: _____

Quantity/Description of Work/Items:

_____ Desks
_____ Returns (Must be disconnected prior to move)
_____ Bookcases/Shelves
_____ Filing Cabinets Horizontal Vertical
_____ Chairs Side Rolling
_____ Tables
_____ Boxes
_____ Refrigerator *
_____ Fume Hood *

Comments:

_____ Please attach a separate itemized list
_____ if there are large items or specialized
_____ equipment needing to be moved.

MAIL TO: GENERAL SERVICES STOP 9085 PHONE: 743-2093 OR FAX 743-2079

E-Mail to: GeneralServices@ttuhsc.edu

PreMove Checklist and Suggestions available for download at:

www.ttuhsc.edu/gs/movers/PreMove_Task_Sheet.doc

* Certificate of Decontamination available at:

www.ttuhsc.edu/HSC/OP/op75/op7505a.pdf

Bookcases, file cabinets, desks, etc. must be empty to be moved. GS does not carry tools - Call Plant Ops at 743-2070 to have anything disconnected or removed prior to move and for reconnection. Vehicle Use Fee may apply if off site.

2. GENERAL SERVICES

Date Scheduled: _____ Time Allotted: _____
Estimated Manhours: _____ Work Order Number: _____

Work completed by: _____ Date: _____