

**TENNESSEE STATE UNIVERSITY  
FACILITIES MANAGEMENT  
MOVABLE PROPERTY**  
(Tel: 615/963-5688, Fax: 615/963-5642)

**MOVING AND SERVICE WORK REQUEST**

(Complete and submit directly to Movable Property.)

Requesting Department: _____	Contact Person: _____	Telephone No.: _____
<b>Location:</b> Room: _____ Building: _____	<b>Move To:</b> Room: _____ Building: _____	Chargeable Account: _____ Credited Account: _____

<b>Reason for Work Request:*</b> <input type="checkbox"/> Property Transfer** <input type="checkbox"/> Computer Turn-In*** <input type="checkbox"/> Property Turn-In <input type="checkbox"/> Special Events/Occasion <input type="checkbox"/> Routine Service                (Note: Set-up diagram must be attached) <input type="checkbox"/> Re-Issued Property <input type="checkbox"/> Other (explain) _____	Approved By: _____ Date: _____
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\*Work Request must be submitted no earlier than ten (10), but no later than seven (7) workdays before date of desired service.  
 \*\* Contact CIT to clean the hard drive before requesting transfer.  
 \*\*\*A Computer Turn-In Inspection form must be completed and attached to the work request.

**WORK / SERVICE REQUESTED:** (Item description, serial and tag numbers must be listed when property is involved. If computer(s), complete and attach a Computer Turn-In Inspection Form.)

Job Completed / Acknowledged: _____	Date: _____	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory
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**FOR MOVABLE PROPERTY USE ONLY**

Date Received: _____	Work Order No.: _____	Work Priority: _____
Work/Service Schedule Date: _____	Rescheduled Date: _____	
Approved By: _____	Date: _____	

**TO BE COMPLETED BY MOVERS**

Time In: _____	Time Out: _____	Total Time/Manhours: _____
Number Item(s) Moved: _____	Job Completed: [ ] Yes [ ] No	Initials: _____
State reason if job is not completed: _____		