Move Form

Work Order #       Department:
Move Coordinator: Location:
Email Requested Move Date:
Extension: Origin Location
Fax Destination Location:

Moving & Hauling Guidelines

* For scheduling purposes, President Events set-ups take precedence
* Not Responsible for damages incurred during moving process
* "Move Coordinator" must be established and present during all move activities
* Itemized list of items to be relocated submitted prior to move
* Items to be moved must be tagged for relocation
* All cabinets, desks, credenzas, bookcases, etc. must be empty to be moved
* All boxes must be tagged with a label indicating name, new location and room number
* Lock all furniture prior to move and keep the Keys
* Personal items will NOT be moved by Moving and Hauling personnel
* Moves scheduled outside of normal hours (Mon-Fri 7am - 4pm) will incur charges

<table>
<thead>
<tr>
<th>What We Can Move:</th>
<th>What We Can NOT Move:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 2-3 office units maximum</td>
<td>• Large glass desk tops</td>
</tr>
<tr>
<td>• SHSU property only</td>
<td>• Copiers</td>
</tr>
<tr>
<td>• Files</td>
<td>• Steel case furniture</td>
</tr>
<tr>
<td>• Desks</td>
<td>• IT equipment</td>
</tr>
<tr>
<td>• Cabinets</td>
<td>• Surplus furnishings for property</td>
</tr>
<tr>
<td>• Book cases</td>
<td>• Personal items</td>
</tr>
<tr>
<td>• Chairs</td>
<td></td>
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</tbody>
</table>

Moving and Hauling will perform only the work designated on the Move Form and Item List. If you realize you need additional work done, submit another Move Form and that work will be scheduled at a later time.

WAIVER STATEMENT: Building Services is not financially responsible for any damage that may occur in the course of any type of move. It is the department's responsibility to determine and obtain if necessary, insurance on items being moved.

I understand the WAIVER STATEMENT and authorize work to be completed.

Signature __________________________________________________________ Date ___________________________

Department Head __________________________________________________ Date ___________________________

*This form can be faxed to 294-3731 or emailed to shreddingandrecycling@shsu.edu*