



# Equipment Move Requisition Form

	<b>Control #</b> <small>To Be Completed By MPS</small>	<b>DATE:</b>
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**To: MPS                                      Coral Gables      Gables One                                      12th Floor                                      1430**

<b>Move From:</b>					
Name/Department		Campus	Building	Room	Locator Code
<b>Delivery Address:</b>					
<b>Department</b>				Fax	
Street		Building	Room	Locator Code	
City		FL State	Zip		
Contact		<b>Phone</b> Cell Phone		E-mail	
Back Up Contact		<b>Phone</b> Cell Phone		E-mail	
<b>Comments or Special Instructions:</b>		Stairs: Yes    No	<b>Other</b>		
				Key Operator	Phone

Account No.	% Charged	Model to be moved	Serial Number	Requested date of Delivery

<b>Move To:</b>					
Name/Department		Campus	Building	Room	Locator Code
<b>Delivery Address:</b>					
<b>Department</b>				Fax	
Street		Building	Room	Locator Code	
City		FL State	Zip		
Contact		<b>Phone</b> Cell Phone		E-mail	
Back Up Contact		<b>Phone</b> Cell Phone		E-mail	
<b>Comments or Special Instructions:</b>		Stairs: Yes    No	<b>Other</b>		
				Key Operator	Phone

Printed or Typed Name of Authorized Signature		Department Head or Dean Approval	
Authorized Signature	Date	Budgetary Approval	