

# TWIN RIVERS UNIFIED SCHOOL DISTRICT REQUEST TO MOVE



Contact Person: \_\_\_\_\_ Date: \_\_\_\_\_

Site Location Name: \_\_\_\_\_ Asset # (if applicable): \_\_\_\_\_

Items to be moved (equipment, furniture, supplies, etc): \_\_\_\_\_

FROM		TO	
Site		Site	
Building #		Building #	
Room #		Room #	
Make/Model #		Make/Model #	
Serial #		Serial #	
District Tag #		District #	
Date Item Moved		Date Item Moved	
Reason for Move (briefly explain)			

Condition of Equipment:      \_\_\_\_\_ Working      \_\_\_\_\_ Salvage  
                                                  \_\_\_\_\_ Not Working      \_\_\_\_\_ Other (see remarks)

Remarks/Special Instructions: \_\_\_\_\_

Initiator Signature: \_\_\_\_\_  
                                                  \_\_\_\_\_  
                                                  Print Name

Warehouse Staff Signature: \_\_\_\_\_  
                                                  \_\_\_\_\_  
                                                  Signature

Warehouse Manager Approval: \_\_\_\_\_  
                                                  Print Name  
                                                  \_\_\_\_\_  
                                                  Signature

Send to Warehouse Services