

- Upon requesting a move to take place, the minimum time for the move to be complete is 3 weeks.
- It is the responsibility of the department, or the requestor of the move, to relocate all technology items (computer, monitor, printer, etc.) that need to be moved. After the requestor has moved the technology items to the new location, ITS may be contacted to provide assistance in reconnecting them.
- Pictures, wall hangings, personal items, window decor, and office decor are the responsibility of the requestor to move. FM will not move these items for you.

Date Submitted: _____

Requestor Information:

Name: _____

Phone: _____ E-mail: _____

Move From:

Building: _____

Floor: _____ Room: _____

Move To:

Building: _____

Floor: _____ Room: _____

Details about the move:

Items to be moved	Number of items	Detail: select all that apply
<input type="checkbox"/> Desk	_____	Does desk have an "L"? <input type="radio"/> No <input type="radio"/> Yes How many? _____
<input type="checkbox"/> Lateral File Cabinet	_____	Number of drawers each? _____
<input type="checkbox"/> Regular File Cabinet	_____	Number of drawers each? _____
<input type="checkbox"/> Chair	_____	Type of chair: <input type="radio"/> Desk <input type="radio"/> Conference
<input type="checkbox"/> Table	_____	Type of table: <input type="radio"/> Standard <input type="radio"/> End Table <input type="radio"/> Coffee Table <input type="radio"/> Conference Table
<input type="checkbox"/> Credenza	_____	
<input type="checkbox"/> Bookcase	_____	Number of shelves each? _____
<input type="checkbox"/> Wall Shelves	_____	
<input type="checkbox"/> Chair Mat	_____	
<input type="checkbox"/> Appliances	_____	Type: _____
<input type="checkbox"/> Boxes	_____	
<input type="checkbox"/> Other/Miscellaneous Items; describe below:	_____	

Funding Source:

Fund #: _____ Dept #: _____ Project #: _____ Program #: _____

Route this completed form to:
Facilities Management
ndsu.facilitiesmanagement@ndsu.edu
Thorson Maintenance Center
Tel: (701) 231-7911
Fax: (701) 231-8008

Authorized Signature for funding _____

Date _____