Move Request Form

Submit Form:	To Receiving Department		
Requester's Name:		Title:	
Department:			
Phone Number:		Fax Number:	
Room Number:			
Email Address:			

Request:	☐	This is a request to move assets.	This is a request to move and store assets.	☐	
Move To:	Department:		Room Number:		
Contact:		Telepone #:			
Storage Facility:	☐	☐			
Address:					

Special Instructions:

Coding:	FY		Fund		Org		Program		Account		

Signature:		Date:	
Written Name:			

Important Notices to Department Head:

- Your signature confirms that all equipment & accessories used with/or having contained radioactive or other hazardous materials , have been inspected & approved for surplus, shipping and/or storage by Environmental & Radiation Safety.
- Your signature confirms that Freon has been removed from all refrigerant equipment.
- Your signature confirms that all electronic storage equipment & devices have been properly cleaned of information according to NVCC HIPAA policies.

Released By Signatures:		**Date**	**Received By Signatures:**	(If different department)	**Date**
1. Department Head Typed Name - Mandatory			1. Department Head Typed Name - Mandatory		

HC Asset #	Description	HC Asset #	Description