

ACCOUNTING/PURCHASING PROCEDURES

MOVING REQUEST FORM

Please Fax Completed Form to the CDC @ 469-302-2251

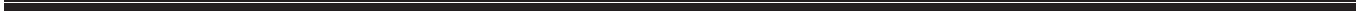
DATE: _____ CAMPUS: _____

CONTACT: _____ PHONE: _____

DESCRIPTION: (Complete with items to be moved, location from and location to)

DATE ITEMS NEED TO BE MOVED: _____

DATE ITEMS NEED TO BE RETURNED _____
(if applicable):



| | |
|----------------|--|
| CDC USE: | |
| FINISH DATE: | |
| TIME FOR TASK: | |
| SIGNATURE: | |