

SDSU Moving Services Request Form

Property Services (Tel: 594-0950 • Fax: 594-0161 • Mail Code 8515)

DEPARTMENT	<input type="text"/>	PHONE#	<input type="text"/>
CONTACT	<input type="text"/>	PHONE#	<input type="text"/>
ORACLE ACCOUNT #	<input type="text"/>	Date	_____
DATE REQUIRED	<input type="text"/>		

- PLEASE CHECK THE APPROPRIATE BOX(ES) BELOW FOR THE SERVICE(S) REQUIRED**
NOTE: All moves are subject to the availability of moving services personnel.
- DEPARTMENT RELOCATION OF ITEMS: All items must be labeled with required destinations.**
- MANADATED PROJECT MOVE** PROJECT # OR NAME _____
- SURPLUS PROPERTY TO BE RETURNED TO MATERIAL MANAGEMENT (NO CHARGE)**
- DEPARTMENTS WILL NOT BE ASSESSED A DISPOSAL FEE FOR THE DESTRUCTION OF HARD DRIVES. A DISPOSAL FEE OF \$2.00 PER LB WILL BE ASSESSED FOR THE DESTRUCTION OF TAPES, DISKS & VIDEO MEDIA.**
- OTHER (please specify)**

Hard drive wiped & removed	Current Location	Item Description	State ID#	New Destination	Condition of item circle all that apply***	Method of disposal
<input type="checkbox"/>					D G P	SS T R D
<input type="checkbox"/>					D G P	SS T R D
<input type="checkbox"/>					D G P	SS T R D
<input type="checkbox"/>					D G P	SS T R D
<input type="checkbox"/>					D G P	SS T R D
<input type="checkbox"/>					D G P	SS T R D
<input type="checkbox"/>					D G P	SS T R D
<input type="checkbox"/>					D G P	SS T R D
<input type="checkbox"/>					D G P	SS T R D
<input type="checkbox"/>					D G P	SS T R D

****D= Damaged G= Good P= Poor SS= Surplus Sale T= Trash R= Recycle D= Donated

Equipment containing personal information and equipment containing hazardous material. (See instruction sheet)

I certify the equipment listed above has been purged of all personal information, hazardous materials, and has been prepared for disposal in accordance with the instructions for this form.

AUTHORIZING COMPLETION OF WORK

SURPLUS TIME STARTED	<input type="text"/>	SURPLUS TIME COMPLETED	<input type="text"/>
DEPARTMENT TIME STARTED	<input type="text"/>	DEPARTMENT TIME COMPLETED	<input type="text"/>

Department Signature _____ Date _____

Vendor: Record all changes to this MSRF and get initials from department personnel authorizing the changes.

I certify that I have recieved the equipment listed above and have confirmed with the department that all equipment was prepared in accordance with this form.

Authorized Vendor Signature _____ Date _____

SDSU STAFF: I certify that I have checked all equipment listed above and all is correct in accordance with procedures.

SDSU signature _____ Date _____

FOR PROPERTY USE ONLY

# MAN HOURS BILLED	<input type="text"/>	TOTAL CHARGES	<input type="text"/>
SURPLUS COST	<input type="text"/>	DEPARTMENT COST	<input type="text"/>