

# Moving Services Form

Work Order #	_____
Date Submitted	_____
Date Scheduled	_____

This form is necessary for the coordination and planning of large moves involving numerous items and locations. Please contact Customer Service at 716-645-2025 or visit our website at [buffalo.edu/facilities](http://buffalo.edu/facilities) to enter a work order request prior to completing this form.

Request Date \_\_\_\_\_ Requestor Name \_\_\_\_\_ Phone \_\_\_\_\_

Account # \_\_\_\_\_ \*All moves and carpentry requests are billable services and require an account number.

Original Item Location		Qty.	Description of Item to be Moved	New Item Location		Trades Needed?	Disposal Needed?	Move Back?
Bldg.	Room #			Bldg.	Room #			

\*Trades may include Carpentry, Electrical, Plumbing, Lock Shop, etc. Enter "Yes" if larger items need to be disassembled before they can be moved.

\*\*Will movers be needed at a later date to return items to their original location?

Return completed forms to [custserv@facilities.buffalo.edu](mailto:custserv@facilities.buffalo.edu) or 716-645-5965 (Fax)  
University Facilities will do our best to accommodate any changes made after submission but are unable to guarantee such requests.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

<input type="checkbox"/>	Approve	Moving Services Signature _____ Est. Duration _____
<input type="checkbox"/>	Refer	