



MOVES / TAPE / BOXES

WORK ORDER

CUSTOMER INFORMATION		INDICATE QTY NEEDED
Date:		<input type="checkbox"/> BOXES (20"x15"x9" Each)
Contact Name:		
Department:		<input type="checkbox"/> PACKING TAPE (Per Roll)
Building & Room:		
Phone:		
Dean/Director/Department Head Signature:		
Print Name:		

MOVE DETAILS: Include items to be moved, locations involved, and any URI Tag #'s.

URI TAG #(s) (If any)

PAYMENT

Direct Charge	Account	Fund	Department	Program	Project
	5269				
Check/Cash	Please make checks out to: The University of Rhode Island				

PROPERTY & SUPPORT SERVICES

Central Receiving
 22 Tootell Road
 Kingston, RI 02881
 O (401) 874-2578
web.uri.edu/pss/moves-tape-boxes/

MOVE QUOTE: \$

RECEIVING APPROVAL/DATE:
