

UNIVERSITY OF RHODE ISLAND
PROPERTY & SUPPORT SERVICES

WORK ORDER FOR MOVES / TAPE / BOXES

Phone: **874-5468** or **874-2578** • Email: central_receiving@etal.uri.edu

Requested By: _____

Date: _____

Department: _____

Bldg. & Rm.: _____

Phone: _____

Fax: _____

Authorized Signature: _____

Print Name: _____

Dean/Director/Department Head

Move: Please provide a detailed description of the move in the space below. Include items to be moved and locations involved. (If more space is needed, provide a separate attachment).

Boxes/Tape: Indicate how many of each is needed.

of Boxes (20"x15"x9")

Packing Tape (# of Rolls)

Completed work orders should be signed and scanned to central_receiving@etal.uri.edu

DO NOT WRITE IN BOX – FOR PROPERTY USE ONLY

MOVE QUOTE

CENTRAL RECEIVING, APPROVAL SIGNATURE

IVPO