

UNIVERSITY OF RHODE ISLAND  
**PROPERTY & SUPPORT SERVICES**

**WORK ORDER FOR MOVES / TAPE / BOXES**

Phone: **874-5468** · Fax: **874-5719** · Email: [central\\_receiving@etal.uri.edu](mailto:central_receiving@etal.uri.edu)  
**874-2578**

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](mailto:central_receiving@etal.uri.edu) or faxed to **874-5719**

**DO NOT WRITE IN BOX – FOR PROPERTY USE ONLY**

\_\_\_\_\_  
*MOVE QUOTE*

\_\_\_\_\_  
*CENTRAL RECEIVING, APPROVAL SIGNATURE*

\_\_\_\_\_  
*IVPO*