

WNC Facilities Management Office Move Request Form

Requested Date of Move * _____
Month Day Year

Name of Person Moving* _____

Phone Number * _____

New Location * _____

Will there be a department change? YES NO

Contact's Name (Moving Coordinator) _____

Program # _____

New Cost Center # (if changing department) _____

Director's Signature Date

Will new furniture be obtained? YES NO

Please explain in detail.

Will used furniture be obtained? YES NO

Please explain in detail.

How many boxes for packing? YES NO

Please explain move details.

All Request Sent To: WNC Facilities- facilities@wnc.edu

If the move requires additional assistance from Facilities Management personnel, please submit a work order per request using the link below. (Examples of tasks which require a work order would be: a painter patching and painting a wall, carpenter hanging pictures, or building service worker extracting the carpet. www.mpulse8.com)