VIMS' MOVE REQUEST FORM

Date: _____

To: Bud Davenport – Customer Services Center

From: _____ Phone Number: _____

E-Mail Address: _____

Dept. Head Approval: _____

P.I. Approval: _____

Grants/Contract Approval (If Req'd): _____

Description of Work (Attach supporting documentation):

For Facilities Management Use

Date Request Received: _____

Date Scheduled For Move: _____

Date Request Completed: _____

Movers: _____