

IPPS MOVING SERVICE FORM

UNIVERSITY OF CALIFORNIA, SAN DIEGO

7835 Trade Street Suite 100

San Diego, CA 92121

Mail Code: 0046

(858) 534-5321

Instructions

1. Please complete the top portion of the form. Moving Services will assign the **Job Number**.
 - List all items requiring relocation.
NOTE: Moving Services jobs are scheduled according to the requested tasks listed on the form. If you realize you need additional items or work performed, please submit a new Moving Services Form. The additional work will be scheduled for a later date.
 - Indicate the date and the time of day you are requesting the items to be relocated.
 - Indicate any special instructions.
Example: Door to building must be removed, Desks require disassembly and reassembly, etc.
2. Moving Services will contact you to confirm the date and time of the relocation.
3. After reading the statement authorizing work to be completed, sign your name on the Signature Line.
4. Submit the form through BFSupport or email arescobedo@ucsd.edu.

Important Information:

- There is a **one hour minimum** for each Moving Services staff member performing the task.
- Laboratory Relocations: All laboratory relocations must be cleared by EH&S. Equipment and items must be green tagged before Moving Services can handle them. For more information, contact the Research Assistance Program (RAP) specialist assigned to your area or visit the EH&S web site.
- Insurance: Moving Services is insured through UCSD Risk Management. To obtain or acquire more information on insurance prior to your move, contact UCSD Risk Management, (858) 534-2454 or (858) 534-3820.
- For urgent requests, call the Moving Services Coordinator at (858) 864-3957.
- Lead time for the performance of a relocation job is 5-7 days when school is in session and 7-10 days in the summer.
- Moving Services will pick up Surplus Sales items at the Moving Services recharge rate. To complete the delivery to Surplus Sales, the Surplus Transfer Request process must be complete. If available, provide the Surplus Transfer Request (STR) number on the form in the Job Description.
- Moving Services will not mount any load bearing items on walls. Contact Facilities Maintenance for this task.

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Phone:	Department Contact: (First & Last Name)	Today's Date:
Email Address:	Department Index:	Mail Code:
Location of Items:	Requested Date of Relocation:	Time:

Insurance: It is the department's responsibility to determine and obtain, if necessary, insurance on items being moved. For information on obtaining additional insurance, contact Risk Management EH&S at (858) 534-2454 or 534-3820.

I authorize Moving Services to complete the work indicated on this form. **Signature:** _____

Job Description (include Special Instructions and Directions):

QUANTITY	ITEMS TO BE MOVED

Note: If all items do not fit on form, please attach a list.

Submit the form through BFSupport or email to arescobedo@ucsd.edu.

LABOR		TIME			Recharge Rate	LABOR	TOTAL
DATE	NAME	Start	Finish	Hours		Miscellaneous Charges	
						Total Recharge	

P.O. Number:	Signature:	Print:
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