

UCSD MOVING SERVICE FORM
UNIVERSITY OF CALIFORNIA, SAN DIEGO
7835 Trade Street, Suite 100
San Diego, CA 92121
Inter-departmental Mail Code - 0046
(858) 534-7467
Fax (858) 530-0676

Instructions for UCSD Moving Service Form

1. Please complete entire top part of the form. The form can be filled out and then printed.
2. Be sure you include all items and office/labs you want moved. **Moving Services will perform only the work designated on the Moving Service Form. If you realize you need additional work done, submit another Moving Service Form, and that work will be scheduled at a later time.**
3. Indicate the date and the time you want your items moved in the **Date Requesting** and **Time** boxes.
4. After reading the waiver statement on the Moving Service Form, sign your name on the **Signature** line.
5. Please retain a copy for your records. Mail original to Moving Services at Mail Code 0046 or fax to (858) 530-0676.
6. You will be contacted to confirm your moving date.
7. **Be sure to sign the form.**

Important Notes:

LAB MOVES: Departments requesting lab moves must contact EH&S for clearance prior to move.

Insurance: To get insurance prior to your move, contact UCSD Risk Management, (858) 534-2454 or (858) 534-3820.

For step-by-step instructions, please go to [How to Fill Out a Moving Service Form](#) in Blink.

MOVING SERVICE FORM

PHONE	UCSD MATERIAL DISTRIBUTION	JOB NUMBER
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DEPT CONTACT (First & Last Name)	DEPT. INDEX	MAIL CODE	TODAY'S DATE
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LOCATION	FAX NO.	DATE REQUESTING	TIME
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WAIVER STATEMENT: Material Distribution is not financially responsible for any damage that may occur in the course of any type of move. It is the department's responsibility to determine and obtain, if necessary, insurance on items being moved. The items can be insured by contacting Risk Management at EH&S at (858) 534-2454 or 534-3820.

I understand the WAIVER STATEMENT and authorize work to be completed. Signature: _____

JOB DESCRIPTION _____

SPECIAL INSTRUCTIONS AND DIRECTIONS _____

QUANTITY	ITEMS TO BE MOVED

-----DO NOT WRITE BELOW THIS LINE -----

LABOR			TIME				LABOR	
DATE	NAME		START	FINISH	HOURS	RATE	AMOUNT	MISC
								TOTAL

AREA		P.O. NUMBER	VENDOR	CARRIER	DATE RECEIVED	NO. OF PKGS.	SIGNATURE
							X
							PRINT NAME

DELIVERED IN GOOD CONDITION EXCEPT AS NOTED

DESCRIPTION

VERIFIED BY		DELIVERED BY
X	X	X