INSTRUCTIONS

UCONN

Typed Name - Mandatory

OFFICE OF LOGISTICS MANAGEMENT (OLM)

Move Request Form – LM-1You must complete this Form On-Line. Hand written Forms will be rejected.

Reference #M:	
itororomoo min.	

Submit Form:			Mail, Fax or PDF the entire package to: Fax: 679-1964 or Mail to: MC 6170												
Requester's	Nam	e:	Title:												
Department:															
Phone Numb	er:		Fax Number:												
Room Numb	er:		Mail Code:												
Email Addres	ss:														
Request:		Т	This is a request to move assets. ☐ This is a request to move and store assets.												
Move To:	De	partm	nent: Room Number:												
Contact:	ı					r	Telepo	one #:				Mail	Code	:	
Storage Facilit	ty:					I .		•							
Address:															
Special Instruc	ctions	<u>s:</u>													
C- 1: EV		Е	1		0		п				1	<u> </u>			
Coding: FY		F	und		Org		P	rogram		Datas		Accou	ınt		
Signature:										Date:					
Written Name:															
Important Not							, .	.1 / 1 .			. ,.	đ			4 1 1
Your signatulate have been in														irdous	materials,
 have been inspected & approved for surplus, shipping and/or storage by Environmental & Radiation Safety. Your signature confirms that Freon has been removed from all refrigerant equipment by Facilities Management. 															
• Your signature confirms that all electronic storage equipment & devices have been properly cleaned of information according to															
UCH HIPAA policies.															
Released By						Date		ceived By							Date
Signatures:							Sig	natures:							
1. Departmental Property Coordinator 3. Departmental Property Coordinator															
Typed Name - Manda	tory				_		Typed Name - Mandatory								
rypeu rame - widhua	ши у						Тур	ca rame - wal	idai01 y						
2. Department Head							4. D	epartment Head	d						
-															

Typed Name - Mandatory



OFFICE Of LOGISTICS MANAGEMENT (OLM)

Move Request Form – LM-1

Reference #M:	
rectored min.	

HC Asset #	Description	HC Asset #	Description				
Received By: (OLM Use O		Estimated Move Date:	Approved Storage Dates:				
Initials: Date: _	Approved: [] Denied: []	Date:	From: To:				
Note: Please use additional sheets as necessary. Please use the same format as above and attach to this original form.							