



## OFFICE OF LOGISTICS MANAGEMENT (OLM)

**Move Request Form – LM-1**

You must complete this Form On-Line. Hand written Forms will be rejected.

Reference #M:

<b>Submit Form:</b>		Mail, Fax or PDF the entire package to: Fax: 679-1964 or Mail to: MC 6170									
Requester's Name:					Title:						
Department:											
Phone Number:					Fax Number:						
Room Number:					Mail Code:						
Email Address:											
Request:		<input type="checkbox"/> This is a request to move assets.			<input type="checkbox"/> This is a request to move and store assets.						
Move To:		Department:			Room Number:						
Contact:					Telephone #:		Mail Code:				
Storage Facility:											
Address:											
<u>Special Instructions:</u>											
Coding:	FY		Fund		Org		Program		Account		
Signature:					Date:						
Written Name:											
<u>Important Notices to Department Head:</u>											
<ul style="list-style-type: none"> <li>Your signature confirms that all equipment &amp; accessories used with/or having contained radioactive or other hazardous materials, have been inspected &amp; approved for surplus, shipping and/or storage by Environmental &amp; Radiation Safety.</li> <li>Your signature confirms that Freon has been removed from all refrigerant equipment by Facilities Management.</li> <li>Your signature confirms that all electronic storage equipment &amp; devices have been properly cleaned of information according to UCH HIPAA policies.</li> </ul>											
<b>Released By Signatures:</b>					<b>Date</b>		<b>Received By Signatures:</b>			<b>Date</b>	
1. Departmental Property Coordinator							3. Departmental Property Coordinator				
Typed Name - Mandatory							Typed Name - Mandatory				
2. Department Head							4. Department Head				
Typed Name - Mandatory							Typed Name - Mandatory				

