



University of Connecticut  
Health Center

**MATERIALS MANAGEMENT – INVENTORY CONTROL**  
**MOVE REQUEST FORM - MM-1**

<b>REFERENCE # M</b>		Mail, Fax or PDF the entire package to: MC 6170 Fax: 679-1964				
<b>NAME:</b>			<b>TITLE:</b>			
<b>BUILDING:</b>	<b>FLOOR:</b>	<b>ROOM #:</b>	<b>TELEPHONE:</b>		<b>FAX:</b>	
<b>DEPARTMENT:</b>						
<b>MAIL CODE:</b>			<b>EMAIL:</b>			
<b>REQUEST:</b> 1.This is a request to move assets: <input type="checkbox"/> 2. This is a request to move and store assets. <input type="checkbox"/>						
<b>Move To: Department:</b>		<b>Building Floor Room Number:</b>				
<b>Contact:</b>		<b>Mail Code:</b>		<b>Telephone #:</b>		
<b>Institution (Off-Campus Moves Only):</b>						
Street:			City:			
State:			Zip Code:			
<b>HC ASSET #</b>	<b>DESCRIPTION</b>		<b>HC ASSET #</b>	<b>DESCRIPTION</b>		
<b>Note:</b>	Please use additional sheets as necessary. Please use the same format as above and attach to this original form.					
<b>SPECIAL INSTRUCTIONS:</b>						
<b>CODING:</b>	<b>FISCAL YR</b>	<b>LEDGER</b>	<b>ACCOUNT</b>	<b>SUBCODE</b>	<b>AMOUNT</b>	<b>SIGNATURE (Coding must be approved)</b>
<b>IMPORTANT NOTICES TO DEPARTMENT HEAD:</b>						
1. YOUR SIGNATURE ALSO CONFIRMS THAT ALL EQUIPMENT & ACCESSORIES USED WITH/OR HAVING CONTAINED RADIOACTIVE OR OTHER HAZARDOUS MATERIALS HAVE BEEN INSPECTED & APPROVED FOR SURPLUS, SHIPPING AND/OR STORAGE BY ENVIRONMENTAL & RADIATION SAFETY. FREON MUST BE REMOVED FROM ALL REFRIGERANT EQUIPMENT BEFORE DISPOSAL.						
2. YOUR SIGNATURE ALSO CONFIRMS THAT ALL ELECTRONIC STORAGE EQUIPMENT & DEVICES HAVE BEEN PROPERLY CLEANED OF INFORMATION ACCORDING TO UCHC HIPAA POLICIES.						
<b>Released By Signatures:</b>			<b>Date</b>	<b>Received By Signatures:</b>		<b>Date</b>
_____			_____	_____		_____
1. DEPARTMENTAL PROPERTY COORDINATOR				3. DEPARTMENTAL PROPERTY COORDINATOR		
_____			_____	_____		_____
2. DEPARTMENT HEAD				4. DEPARTMENT HEAD		
<b>RECEIVED BY:</b>		<b>REQUEST IS:</b>		<b>EST. MOVE DATE:</b>	<b>APPROVED STORAGE DATES</b>	
INITIALS: _____ DATE: _____		APPROVED: <input type="checkbox"/> DENIED: <input type="checkbox"/>		Date: _____	From: _____ To: _____	