Furniture Disassembly and Assembly Request Form

Request Description

Furniture to Be Moved	
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Location Information	
Destination Location Barcode	**Current Location Barcode**
Office ○ Hall ○ Laboratory ○ Kitchen ○ …… : Other ○	Office ○ Hall ○ Laboratory ○ Kitchen ○ …… : Other ○

	Contact Number		**Requester**
	Section		**College / Department**

(All personal belongings must be removed, and we are not responsible for any loss)

Dean of the College / Department Director
:Name
:Signature

Requester
:Name
:Signature