EXHIBIT A

MOVING SERVICES FORM

PHONE

MATERIAL DISTRIBUTION DEPARTMENT

MOVING SERVICE FORM

DEPARTMENT

MAIL CODE

JOB NUMBER

CONTACT PERSON

DEPT BUDGET

005681

LOCATION

DATE

DATE REQUESTED

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 filing out a Request for Insurance form for coverage under BU 77 - Miscellaneous Property Insurance. If you have any insurance questions please contact the Business Office.

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

DATE

NAME

HOURS

RATE

AMOUNT

MISC.

LABOR

MISCELLANEOUS EXPENSES

DESCRIPTION

AMOUNT

TOTAL