



UC San Diego

Policy & Procedure Manual

[Search](#) | [A-Z Index](#) | [Numerical Index](#) | [Classification Guide](#) | [What's New](#)

RECEIVING & SHIPPING

Section: 524-5

Effective: 12/01/1992

Supersedes: 04/05/1979

Review Date: TBD

Issuance Date: 12/01/1992

Issuing Office: [Material Support Services](#)

MOVING SERVICE PROCEDURES

I. POLICY

Moving Service is a recharge activity that coordinates and performs office/lab moves and uncrates/delivers large items and furniture. Insurance to cover any damage or loss that may occur during a moving job may be obtained through the Business Office.

II. PROCEDURES

A. To Arrange a Moving Service Job

1. Fill Out Moving Service Form

Departments are required to complete a Moving Service Form, (FO#2184), Exhibit A. Send form to Mailcode 0046, or FAX to 530-0676. List all items to be moved. Due to scheduling constraints there is no guarantee that additional items can be added at the job site.

2. Moving Job Schedule

When the Moving Service Form is received at Material Distribution, the department is contacted to coordinate a date and time to perform the move.

3. Urgent Moves

Call Moving Service at 536-3229 to determine if a job can be scheduled on short notice. If the job can be performed fill out the Moving Service Form and send to Mailcode 0046 or FAX to 530-0676.

B. Laboratory Moves: Special Instructions

Laboratory moves require special care due to the use of chemicals.

Contact the Environment, Health, and Safety Office for requirements regarding the moving of laboratory equipment and materials.

C. Rates

The present Moving Service rate is based on \$26.00 per hour/per man for jobs that occur during the business hours of 7:30 AM and 4:30 PM. Jobs performed after 4:30 PM will be charged the overtime rate of \$39.00 per hour. There is a one hour minimum charge on all jobs. Moving Service provides all tools and vehicles required to perform the job.

D. Billing

An IFIS Index number is required on the Moving Service Form and will be recharged for the Moving Service job.



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EXHIBIT A

MOVING SERVICES FORM

PHONE	UCSD MATERIAL DISTRIBUTION DEPARTMENT MOVING SERVICE FORM	JOB NUMBER 005681					
DEPARTMENT CONTACT PERSON	DEPT. BUDGET	MAIL CODE					
LOCATION	DEPARTMENT	DATE					
<small> 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 BUS-71, Miscellaneous Property Insurance. If you have any insurance questions please contact the Business Office. </small>							
<small>I understand the WAIVER STATEMENT and authorize work to be completed. Signature: _____</small>							
JOB DESCRIPTION _____							
SPECIAL INSTRUCTIONS AND DIRECTIONS _____							
----- DO NOT WRITE BELOW THIS LINE -----							
LABOR					LABOR		
DATE	NAME	HOURS	RATE	AMOUNT			
MISCELLANEOUS EXPENSES					MISC.		
DESCRIPTION				AMOUNT			
					TOTAL		

FD 2184 (REV 4/99)