



**MOVING SERVICE FORM**

Phone: (517) 884-6196 Email: moving@usd.msu.edu  
 Angell Building, 166 Service Rd., East Lansing, MI 48824

Dept. Number	Department Name	Account No.		<i>Purchasing Use Only</i> PURCHASE ORDER NUMBER
Bldg. No.	Building Name	Room No.		
Contact Person	Email	Phone No.	Date	
Source: <input type="checkbox"/> B&J MOVING <input type="checkbox"/> ONEIDA SOLUTIONS GROUP <input type="checkbox"/> POWELL MOVING & RELOCATION <input type="checkbox"/> STEVENS WORLDWIDE VAN LINES				PURCHASING AUTHORIZATION

Name of Faculty/Staff Relocating:

Moving From: (Former Address)	Moving To: (New Address)

Date of Move:

Additional Comments:

Moving Expense Budget (From Quote):

<b>TOTAL</b>
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Dean or Division Head: Print Name	Phone:
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Dean or Division Head: Signature	Date:
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Provost Office: Print Name  
 (Required for moves over \$10,000)

Provost Office: Signature (Required for moves over \$10,000)	Date:
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