UNIVERSITY OF LOUISIANA AT MONROE PROPERTY CONTROL

REQUEST TO MOVE PROPERTY WITHIN DEPARTMENT

FROM:	DEPT N	DEPT NAME:	
SIGNATURE			
MOVED BY DEPT: or REQ	QUESTED DATE FOR	MOVE:	
CONTACT PERSON	PHONE:		
********	*****	*******	******
ITEM DESCRIPTION	TAG NUMBER	FROM BLDG ROOM	TO BLDG ROOM
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
**************************************		********	******
SIGNATURE OF DEPARTMENT HEAD		DATE	;
COMPLETED BY		DATE	