THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO

Equipment Move Request Form

Department Name _____ **Physical Plant Work Order No.** _____

Account to Charge _____ Contact _____

Authorized Signature _____ Date _____ Tel. No. _____

Description	Room Number From	Room Number To	Serial No.	UTHSCSA Inventory No.	Est. Value

RECEIVED BY (Full Signature): _____

SPECIAL INSTRUCTIONS: _____

_____

_____

_____

_____

MATERIAL	**LABOR**	**TOTAL**

Goldenrod: Requesting Department's File Original & Other Four: Send to Physical Plant

WO-3
02/96
F-395-040-079