
THE UNIVERSITY OF ALABAMA

REQUEST FOR ESTIMATE OF MOVING SERVICES

NAME OF PERSON MOVING: _____

TITLE: Mr. _____ Ms. _____ Mrs. _____ Dr. _____

DEPARTMENT: _____ DEPT. CONTACT NAME: _____

Dept. Contact's Phone: _____ Fax: _____ Email: _____

ORIGIN INFORMATION

STREET ADDRESS: _____

COUNTY: _____ CITY/STATE/ZIP: _____

E-MAIL: _____ HOME PHONE: _____

WORK PHONE: _____ CELL PHONE: _____

REQUESTED OR ANTICIPATED MOVING DATES OR MONTH: _____

DESTINATION INFORMATION (IF KNOWN) *NOTE: DO NOT HOLD FORM FOR THIS INFORMATION*

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

THIS SECTION TO BE COMPLETED BY DEAN OR DEPARTMENT HEAD

MAXIMUM MOVING ALLOTMENT: \$ _____

IF A QUOTATION FROM THE MOVING COMPANY IS NEEDED BEFORE AN ALLOTMENT CAN BE SET, PLEASE CHECK HERE _____

REQUEST FOR ESTIMATE APPROVED: _____ DATE: _____
DEAN, DIRECTOR OR DEPARTMENT HEAD

Return Form via Fax or Email to: Gieva Patton, UA Purchasing Dept., (205) 348-8706, gpatton@fa.ua.edu