

UNIVERSITY OF ALABAMA AT BIRMINGHAM
Request for Estimate of Moving Expense

Department: _____

Contact Person: _____

EMAIL: _____

PHONE: _____

FAX: _____

Name of individual being moved: _____

Origin Address:

Street: _____

City/State: _____

County: _____

Phone: _____

Destination Address:

Street: _____

City/State: _____

County: _____

Phone: _____

Requested Moving Dates:

Packing date: _____

Load date: _____

Delivery Date: _____

Maximum moving allowance: _____

If a quotation from the moving company is needed BEFORE an allowance can be determined, check here .

Please refer to the Glossary of Moving Terms at the following link:

<http://uabfinancial.infomedia.com/img.asp?dl=1&id=10553>

If there are any of these services for which your department will NOT be responsible, please list them below.

Any special instructions:

Request for estimate approved by: _____

UAB Dean, Director, Department Head

Return this completed form AND a copy of the signed Letter of Offer to:

Melissa Loats, UAB Procurement Contracts

AB 620, 0106

mloats@uab.edu FAX: 934-6719

Approved: _____

Purchasing Official