

SAMPLE MMSR FOR OFFICE MOVES

MATERIEL MANAGEMENT SERVICE REQUEST (MMSR)_____

Once all fields are completed, print form, secure necessary signatures and fax to 42644.
- ***See notes bottom of screen***)

Department Name: ***Your Department Name*** Date Needed: ***ENTER***

Contact Person: ***FIRST/LAST NAME*** Ext. Number: ***ENTER***

Authorized Signature_____ Fax Number: ***ENTER***

Type of Service: ***Move to another location*** Crew Needed? ***Yes*** Transfer to: N/A

New Dept. Signature: _____ Off Campus Signature* _____
****(For anyone taking property off-campus)***

Qty	Description	Property Tag
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