

**COORDINATOR CHECKLIST FOR SCHEDULING A MOVE**

Department Name:   
 Department Contact:   
 Contact's Email:  Contact's Phone:   
 Today's Date:  Anticipated Moving Date:   
 Funding Information:  
 FAU NAME:   
 FAU NUMBER:

Space Form Approved - attach documentation

Location:  
 Moving from:  Room Number:   
 Moving to:  Room Number:

Secondary Space Move:  
 Yes  No

Duration of stay at new location:  
 Short Term (one year or less)  Long Term (more than one year)

Lab:  
 Yes  No

Lab Type:  
 Wet  Dry  Computational  Other:

Laboratory Equipment (Identify equipment that is to be moved) Please include any special considerations for the equipment.

FF&E (Identify quantities of furniture that is to be moved)

Appliances  Desktop Printers  Dept Copier/Printer(s)  Computer(s)  
 Other (describe):  Furniture Changes Requested

Security and Access: [Submit a Work Order](#)  
 Card Reader(s) Staff Key(s) Furniture Key(s)  
 Call box Remote releases Duress Buttons

Facilities Support: [Submit a Work Order](#)  
 White Board Key Board Trays Clock(s) Wall Hung Art Work  
 Carpet Cleaning Baseboard Cleaning Trash Cans Moving Boxes & Tape   
 Other:

IT Support: [Submit a Work Order](#)  
 Copier General Assistance AV  
 Phone Transfer Other:

Mail Services: [Submit a Work Order](#)  
 Printer Codes Update Mail Stop Delivery Other:

Misc. Items  
 MetaBim Ergo Assessment Signage Inserts

Additional Comments and/or Notes:

Special Instructions: