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# THE UNIVERSITY OF ALABAMA

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## REQUEST FOR ESTIMATE OF MOVING SERVICES

DEPARTMENT: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

Contact Person's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME OF PERSON MOVING: \_\_\_\_\_

### ORIGIN INFORMATION

STREET ADDRESS: \_\_\_\_\_ (NO PO BOX)

COUNTY: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

FAX NO: \_\_\_\_\_

REQUESTED MOVING DATES: \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

\_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

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### **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 BY: \_\_\_\_\_  
DEAN, DIRECTOR OR DEPARTMENT HEAD

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**RETURN FORM VIA FAX TO: POLLYE HARDY, UA PURCHASING DEPT., (205) 348-8706**