



REQUEST FOR LOGISTICS SERVICES

This form is to be used when requesting any services from the IA Logistics Office

Date Requested _____ Date Needed _____ (Is there a specific date needed?)

Requesting Official _____ Department _____

POC Phone Number _____ Alternate POC _____
(Please make sure to notify the Alternate POC of this request)

Requested service(s) are as follows:

<i>Description of Service Requested</i>	<i>Location of Service</i>

If more space is needed to explain your request, please attach it to this form. A completed and signed copy of this form MUST be sent to the IA Facilities Management office. All signatures MUST be completed before submission of the request, or the request will be rejected and returned.

APPROVALS

Requesting Office

Office Director

DO NOT WRITE BELOW THIS LINE

**FOR BUSINESS OFFICE
USE ONLY**

Moved Completed: _____
Initials Date



REQUEST FOR TRANSFER OF EQUIPMENT

This form is to be used when requesting any piece of equipment or sensitive minor item to be moved from one location to another.

Permanent Transfer/Relocation
 Temporary Transfer

Date Requested _____ Date Needed _____ (Is there a specific date the items need to be moved?)

Requesting Official _____ Department _____

Phone Number _____ Alternate POC _____
(Please make sure to notify the Alternate POC of this request)

Request for items listed below to be transferred/moved as follows:

Tag No.	Description	From Bldg./Room	To Bldg./Room	Name of New Equipment Custodian

If physical movement of items is necessary, this form is required, and a completed and signed copy of this form MUST be sent to the IA Facilities Management office. All signatures MUST be completed before submission of the request, or the request will be rejected and returned.

APPROVALS

FROM

TO

_____ Requesting Office

_____ Receiving Office

_____ Office Director

_____ Office Director

_____ DO NOT WRITE BELOW THIS LINE _____

**FOR BUSINESS OFFICE
USE ONLY**

Moved Completed: _____
Initials
Date