Vanderbilt University Medical Center
STORAGE AND SERVICES
700 Fort Negley Court
Nashville, TN 37203

PLEASE COMPLETE AND RETURN, FAX NUMBER: 936-4625

WORK ORDER

Date: _____ 20___ _____
EXTENSION

WORK LOCATION:_____
Building Dept. Room Number

____-_____-_____-_____ _____
CENTER NUMBER REQUISITIONED BY

DESCRIPTION(S) OF REQUIRED SERVICES

ITEM(S) TO BE PLACED IN SURPLUS:

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ITEM(S) TO BE PLACED IN STORAGE:

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RELOCATION ADDRESS:_____
Building Dept. Room Number

ITEM(S) TO BE MOVED:

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