

# PICK UP REQUEST

Date \_\_\_\_\_

List items to  
be picked up  
(attach transfer form  
for capital or  
controlled assets) \_\_\_\_\_  
\_\_\_\_\_

Requires Truck? YES / No

Department Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Building and Room# or  
Other Location \_\_\_\_\_  
\_\_\_\_\_

Deliver to (circle one): Central Receiving

Surplus

Other: \_\_\_\_\_

\*\*\*\*\*

Date: \_\_\_\_\_

Picked up by: \_\_\_\_\_