

University of Iowa Move Order Form

Date of Request: _____ Requested By: _____

Requestor Phone # : _____ E-mail: _____

Date/Dates of Move: _____

Job Time: _____ a.m./ p.m. Job # _____

P.O. # _____

Address From: _____

Address To: _____

Goods To Move: _____

U of I Movers On Job: __Y/N__ U of I Men Needed __ Est.Hours __

Maher Men Needed: _____ Move Job Hours: _____

Type of Truck Needed: Van/Straight/Liftgate/Tractor-Trailer

Equipment Needed: Gondolas _____ Library Carts _____ Lifts _____

2 Wheelers _____ 4 Wheelers _____ Speed Packs _____ Big Red _____

Special Instructions: _____

Bill To: _____

Address: _____

Phone: _____ E-mail: _____

