

McMaster Health Campus-Furniture Move and Disposal Request Form

Return to: mhcserv@mcmaster.ca

Requestor:

Ext. #:

Department:

Contact Person:

Date Requested:
(based on availability)

Remove item(s)
from:

Deliver to:

Remove item (s) from Deliver to:

Additional Comments/Instructions:

Desk: Please indicate Quantity for each you need moved

- Stand Alone With Hutch L-Shaped System Furniture

List other items:

List of item(s) to be disposed of (including bulk disposal)

Account # to be charged: _____

