

Puyallup School District #3

GENERAL MOVE REQUEST CARD

DATE REQ. SENT _____ DATE OF MOVE _____ RETURN DATE _____
(When applicable)

FROM _____ TO _____
(School District Location) (School District Location)

ITEM (S) TO BE MOVED _____

LOCATION of PICK-UP (ie. Gym, office, etc.) _____

FUNCTION _____ DATE of EVENT _____

[PTA Event, Science Fair, Classroom Use, Teacher Move, Etc.]

REQUESTED BY _____ APPROVED BY _____ Date _____

DRIVERS SIGNATURE _____ DATE OF DELIVERY _____

DRIVERS SIGNATURE _____ DATE of RETURN _____