

# Warehousing Services Assistance Request Form

*Service requests must be submitted two (2) weeks in advance*

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Department / School

\_\_\_\_\_  
Requested Date

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Brief description of service requested

**Requesting Assistance: (check all that apply)**

B-Stock \_\_\_\_\_ Pony \_\_\_\_\_ Stockroom \_\_\_\_\_ Central Processing Lab \_\_\_\_\_ Textbook \_\_\_\_\_ Warehouse \_\_\_\_\_

\_\_\_\_\_  
Originating Location Name / Location #

\_\_\_\_\_  
Receiving Name / Location #

\_\_\_\_\_  
Requested Date / Requested Time (if applicable)

\_\_\_\_\_  
Return Date / Return Time (if applicable)

\_\_\_\_\_  
Originating Location Contact Name / Phone Number

\_\_\_\_\_  
Receiving Location Contact Name / Phone Number

**Detail Description of Requested Services: (quantity, sizes, special instructions, etc.) Attach additional docs if needed.**

Staging Area Required:  Yes  No

## EMERGENCY REQUEST ONLY

*Service requests less than two (2) weeks notice requires Director's Approval*

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

\_\_\_\_\_  
Director's Signature

**Return completed form and attachments to: The Warehousing Services CAB Conference.**

**You will be notified via email of your scheduled date.**

**For more information and assistance completing this form, please contact our office at: 754-321-4721 / 4725.**

\_\_\_\_\_  
Warehouse Received Date

\_\_\_\_\_  
Scheduled Date

\_\_\_\_\_  
Completed Date

\_\_\_\_\_  
Manager Approval