

Date:

Department Requesting Work: _____

Department Contact: _____ Phone Number:

Cost Center or Project ID to be Charged for Work: _____

Equipment Rental Labor Request Surplus Pick-up

Description of Work Requested:

Requested Date to Complete Work: Location to Complete Work: _____

E-Mail completed form to distribution_services@uta.edu fax completed form to ext. 2-5220

Information below to be completed by Distribution Services after completion of work.

Labor charges are based on \$25 per employee per hour with a minimum of \$35. The table rental rate is \$5 per table for the first day and \$2.50 for each additional day. Chairs are \$1 each for the first day and \$0.50 each for each additional day. The minimum charge for delivery and set-up is \$35. Moving Crates based on availability, rental rate of \$5 for the first day and \$2.50 for each additional day.

Number of Employees: _____	# of Table Rentals: _____
Hours of Labor: _____	# of Chair Rentals: _____
Total Labor Charges: _____	# of Moving Crates: _____
Equipment Cleanings: _____	Total Rental Charges: _____
	Equipment Replacements: _____

Work completed by: _____ Date:

Department: _____ Date:

(A copy of this form will be sent to the requesting department when the work is completed)

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED.