



FURNITURE CLAIM FORM

FOR FURNITURE LISTING AND PROCESS DETAILS,
PLEASE CHECK THE WEB SITE: www.mun.ca/sustain AND CLICK ON THE LINK FOR
USED OFFICE FURNITURE.

**PLEASE ENTER INFORMATION, SAVE A COPY FOR YOUR RECORDS AND THEN
BRING TO VIEWING.**

1) NAME OF THE DEPARTMENT/UNIT:

2) LIST THE SELECTED FURNITURE (BY NAME OR NUMBER INDICATED ON THE WEB SITE) AND QUANTITY:
(IF PROVIDED SPACE IS NOT SUFFICIENT, PLEASE FILL OUT ANOTHER FORM).

<input type="checkbox"/> \$25 - 1 ITEM	<input type="checkbox"/> \$50 - 2 ITEMS	<input type="checkbox"/> \$75 - 3 or MORE ITEMS
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3) CONTACT (Name)

4) PHONE NUMBER:

5) E-MAIL:

6) FOAPAL NUMBER:

7) FURNITURE TO BE MOVED TO:
(Building, Room No.)
IF, MULTIPLE LOCATIONS, PLEASE
LIST IN DETAIL.

6) AUTHORIZED SIGNATURE IS REQUIRED:

NOTE:

DATE FOR MOVING FURNITURE IS INDICATED ON THE WEB SITE. THE NEW OR ALTERNATIVE LOCATION MUST BE READY TO ACCEPT THIS FURNITURE. THE RECEIVER IS RESPONSIBLE TO MAKE ARRANGEMENTS FOR OTHER SERVICES REQUIRED (CARPENTRY ASSISTANCE, OTHER FURNITURE RELOCATION OR SURPLUS).