

Service Request Form



7-1715 St. James Street Winnipeg MB R3H 1H3

FAX 948-2724

(please choose one option)		Yes	No
<input type="checkbox"/>	Moving	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Storage	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Disposal	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Used Furniture	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Attachments		<input type="checkbox"/>	<input type="checkbox"/>
Pick Up		<input type="checkbox"/>	<input type="checkbox"/>
Delivery		<input type="checkbox"/>	<input type="checkbox"/>

Requested By	Date Submitted	Date Required	MDA Customer Number
Department / Agency / Board		Phone	Fax
Division / Branch		Email	
Street Address	City / Town MB		
Invoice Information (Name, Branch, Dept, Address, Phone, Fax)		Work Location Address	
Description (Scope of Work)			

Contact Name	Phone	Email
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	Quantity	Stock Number	Unit of Issue	Description
1				
2				
3				
4				
5				

DELEGATED AUTHORITY APPROVAL: (ADM / EXECUTIVE DIRECTOR / DEPUTY MINISTER OR SIGNING OFFICER)

Name _____ Title _____

Phone _____ Address _____ Signature _____