

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 property_mgmt@uta.edu or fax completed form to ext. 2-5220**Information below to be completed by Property Management 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)