ATTACHMENT E
MOVING SERVICES REQUEST ORDER

(To be completed by Authorized Purchaser)

Date:	Contract Number:	MSRO Number:	Requested Move Date:
Contractor:		Authorized Purchaser:	DAS Building: ☐Y ☐N
Point of Contact:		Point of Contact:	
Phone:		Phone:	
Fax & Email:		Fax & Email:	
Move from Location:		Move to Location:	
Description of Move (Attach Separate Sheets if Needed):			

SPECIAL REQUIREMENTS

☐ Regular Rate (normal & non-normal business hours)
☐ Emergency Rate
☐ BOLI/Prevailing Wage Rate
☐ Storage
☐ Moving Cartons
☐ Miscellaneous Equipment / Supplies
☐ Other _____

PROJECT SUBMITTAL

(To be completed by Contractor)

Start Date:	Start Time:	End Date:	End Time:
Move From Location:		Move To Location:	
Comments (Attach Separate Sheets if Needed):			

	Labor			Cartons			Miscellaneous	
	Number	Hours	Cost	Size	Quantity	Cost	Special Equipment / Supplies	Cost
Lead worker								
Labor I								
Labor II								
Driver w/ Truck								
Total Labor Cost:				Total Carton Cost:			Total Miscellaneous Cost:	
Estimated Total Project Cost:								

Contractor's Signature: _____ Date: _____

PROJECT AUTHORIZATION

(To be completed by Authorized Purchaser upon acceptance of Project Submittal)

Authorized Purchaser's Signature: _____ Date: _____

Department of Justice's Signature: _____ Date: _____
(Applicable ONLY if Authorized Purchaser is a State of Oregon Agency and cost exceeds $150,000 threshold, per OAR 137-045-0030 (1)(a))

Department of Administrative Services, Enterprice Asset Management's Signature: _____
(Applicable ONLY if Authorized Purchaser is a DAS-owned Building Tenant, as Identified Above)

THIS PROJECT AUTHORIZATION IS SUBMITTED PURSUANT TO STATE OF OREGON SOLICITATION #DASPS-2273-18 AND PRICE AGREEMENT PO-10700-0000243. THE PRICE AGREEMENT TERMS AND CONDITIONS, INCLUDING THE MSRO AND PROJECT SUBMITTAL (T'S & C'S), ARE HEREBY INCORPORATED BY REFERENCE AND APPLY TO THIS PURCHASE AND TAKE PRECEDENCE OVER ALL OTHER CONFLICTING T'S AND C'S, EXPRESS OR IMPLIED.

PROJECT CANCELLATION

(To be completed by Authorized Purchaser upon cancellation)

In accordance with Section 2.2.10 of the above-mentioned Price Agreement, this Moving Service Request Order is hereby cancelled.

Reason for cancellation: _____

_____

_____

_____

_____

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_____

_____

_____.

Authorized Purchaser's Signature: _____ Date: _____

Contractor's Signature: _____ Date: _____

A copy of this completed and approved Moving Services Request Order must be submitted with all invoices for this project.