MATI	ERIEL MANAGEMENT SEF	RVICE REQUEST (MI	/ISR)		
FOR (Use '	M MUST BE TYPED: Complete, Tab" and/or "Shift-Tab" to move f	secure necessary signa rom field to field – See HE	atures and email to m LP notes bottom of scre	msr@towson.edu. een)	
Department Name:			Date Needed:		
Budge *If cha	t Code (Required)* rges apply, department will be co	ntacted before service is p	erformed.		
Conta	ct Person:		Ext. Number:		
Authorized Signature:			— Fax number:		
Type of Service:		Crew Needed?	Transferred to:		
	ept. Signature:	Off Campu			
Qty.	Description of Property	Property Tag #	From: Bldg/Room	To: Bldg/Room	
accord	neck here for Computer Disposa ing to University policy. Your r nal information on Materiel Mgmt.	equest will not be proces	ssed if this certification	n is not checked.	
	DO NOT WRITE	RELOW THIS LINE _ EOG	O OFFICE LISE ONLY		
Service Received by:					
	pleted by:				
	ed to Property Records:		Date		
Rev 12					