DEPARTMENT OF HOMELAND SECURITY

FEDERAL LAW ENFORCEMENT TRAINING CENTER
MOVE ORDER REQUEST

NO FAXED COPIES ACCEPTED

Directorate Office/Division/Branch/PO _____ Date: _____ Page: ____ of ____
(Do Not Use Acronyms)

Phone No. Office: _____

Requested By: _____ Cell: _____

Requested Start Date: _____ Deadline Date: _____

Authorized By: _____
(Printed Name of Approving Official)

Signature: _____ Date: _____
(Must Be Signed, Original Signature required to process)

Description: _____

	YES	NO
Is accountability to be transferred to another property account? If "Yes" Property Accounting Change Report FTC-ADM-43 must be attached.	☐	☐
Is item still serviceable? If item is no longer serviceable, Survey Report FTC-ADM-44 must be attached.	☐	☐
Is Labor Cost reimbursable?	☐	☐

Reimbursement
Authorized By: _____ Date: _____
(Printed Name of Approving Official)

Signature: _____ Date: _____
(Must Be Signed, Original signature required to process)

QUANTITY	ITEMS TO BE MOVED	FLETC ID NUMBER	PRESENT LOCATION		NEW LOCATION	
			BLDG. NO.	ROOM NO.	BLDG. NO.	ROOM NO.

Continuation Sheet On Back
DO NOT WRITE BELOW THIS LINE - FOR ALM USE

Planned By: _____ Date: _____

Assigned Move Order Number: _____ Completion Date: _____

Start Time: _____ Total Hours: _____

Stop Time: _____ Total Cost: _____

Work Performed By: _____
(List all names)

Work Accepted By:

Reset Form

CONTINUATION SHEET

Page_____ of_____

Additional duplication of Continuation Sheet permitted if additional space is needed

QUANTITY	ITEMS TO BE MOVED	FLETC ID NUMBER	PRESENT LOCATION		NEW LOCATION	
			BLDG. NO.	ROOM NO.	BLDG. NO.	ROOM NO.