

# AccessAbility

## REQUEST FURNITURE SUPPORT

Name:

Student Number:

Mobile Phone:

Semester	1	2	Trimester	1	2	3
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Day the furniture is required	Time	Room number	Details of request Please note specific details of table and chairs required e.g., ergonomic chair with arms/no arms, adjustable table/fixed legs	OFFICE USE ONLY	
				Maximo Request Number	Maximo Request Date
	FROM:				
	TO:				
	FROM:				
	TO:				
	FROM:				
	TO:				
	FROM:				
	TO:				
	FROM:				
	TO:				

**OFFICE USE ONLY**

Date Received:

Date Actioned: