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ACCESSORIAL SHEET

ASSIGNEE NAME _____ DATE _____

ADDRESS _____

TRANSFEREE INITIALS	SERVICE DESCRIPTION	Date:	Duration:
[Signature]	Shuttle Service	6-24-2022	
	Stair Carry	From level:	To level:
	Hoisting	From level:	To level: Flat:
	Long Carry	Unit measurement: Meter Feet	Distance:
	Outside Elevator (# of flights at 7 each)	From level:	To level:
	Additional Debris Collection		
	Boxes to be Left Packed at my Request		
	New Furniture Assembly/Internal Shifting*	List the new furniture assembled/internal shifting:	
	Disposal Service	List the items being disposed:	
	Overtime / Weekend/Public Holiday Labor*	Date & Holiday Name:	Start Time:
Extra Pick up / Delivery*	Collection / Delivery Address:		
Notes: In the event of a split pickup, a separate weight ticket will need to be provided for any access charges listed above.	Items:		
Heavy Handling/Upright/Grand/Baby Grand Piano*	Item name:	Estimated weight:	
Special Handling (Form, Tissue, Fine Finish)			
Extra Labor	# of Vehicles:	# of Men:	Start time:
Misc. Services (Bulky Articles, Swing Sets)			
Other services (Please specify):			

[Signature]
CREW LEADER

24/6/22
DATE

ASSIGNEE

DATE