



ACCESSORIAL SHEET

ASSIGNEE NAME MATTHEW BELANDOS DATE 4/12/23
ADDRESS DUSHKIN

TRANSFEREE INITIALS	SERVICE DESCRIPTION		
MB	Shuttle Service	YES	Date: <u>4/12/23</u>
	Stair Carry		Duration:
	Hoisting	From level:	To level:
	Long Carry	Unit measurement: Meter <input type="checkbox"/> Feet <input type="checkbox"/>	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: Time Ended:
	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):		

CREW LEADER [Signature] DATE 4/12/23 ASSIGNEE [Signature] DATE _____