MOVEMENTS INTERNATIONAL MOVERS

CRATING SCHEDULE

Client: ..... Ref No: .....

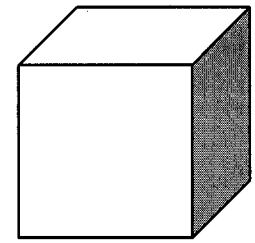
Uplift Date: ..... Crates required By: .....

Destination: ..... Sales Consultant: .....

ENSURE THAT ALL DIMENSIONS ARE MEASURED IE: L x W (Depth) x H

ALLOW FOR ANY PROTRUSIONS

REMEMBER TO RECORD THE ITEM LOCATION IN THE HOME, BELOW



Crate No.	Item	Location in Home	Length cm	Width cm	Height cm

Date Passed on to Operations: .....

Completion / Receipt Date: .....

Completed/Received By: .....