

**LSE Service Initiation Form (PLEASE COMPLETE ALL FIELDS)**

Department		Contact		Cost Centre	
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**Transferee Contact Information**

Name		Title:	
Departure City/Country			
Address			
Employer			
Destination City/Country			
Address (If known)			
Work Phone		Mobile	
Email:		Home Phone	

**Arrival/Assignment Information**

Dept. date		Accompanied by	Children	Spouse
Date of final arrival of transferee		Accompanied by	Children	Spouse
Date of final arrival of family		Residential lease start		

**Temporary accomodation details (i.e. hotel)**

Name		Tel. no.	
Address		Reservation from:	Reservation to:

**Household Goods Services Selection** (please check all that apply)

<input type="checkbox"/>	Coordination of household goods	<input type="checkbox"/>	Vehicles Authorised
<input type="checkbox"/>	Insurance of household goods	<input type="checkbox"/>	Remote in-home survey required
<input type="checkbox"/>	Pets authorised	<input type="checkbox"/>	Air shipment required
Property type		Number of rooms	
Preferred survey date		Anticipated pack date	
No furniture	Some Furniture	Full Home	

Additional information:

**Authorisation approval**

Name		Date	
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