

**National Chi Nan University Entrepreneur Incubator
Checklist for moving out and handover of settled manufacturers**

Relocating company name: _____ Company _____
 Moving date: _____ year _____ month _____ day
 Incubation room handover date: _____

Hand over/collect items		Property number (No need to fill in if there is no property number)	Payment status (paid: v; unpaid: x)	Remark
Equipment	Breeding room key ____			
	desk ____			
	Office chairs ____ pieces			
	Telephone ____ department			
	Air conditioner ____ station			
	Parking magnet _____ sheets			
Room	Cleaning and organizing			
Library	Return borrowed books			
Fee	Feedback fee			
	Entry service fee			
	Utility bills			
	Deposit refund			
	Other fees			
Graduation Application				
Deposit refund application form				
Deposit refund receipt				
Relocation consent form (please stamp with company seal)				
Graduation training report (please stamp with company seal)				

Reviewer	Director or authorized agent	Signature and seal of the moving company representative (company seal)