

## WWR Transferee Itinerary

Please provide the information requested below by filling in the blanks. Once completed, please return this form to our office in the self-addressed envelope provided or via fax to (630)682-4008.

NAME: \_\_\_\_\_

TYPE OF SHIPMENT: International/Domestic

STATUS OF WORK PERMIT/VISA: \_\_\_\_\_

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SSN# \_\_\_\_\_

AVAILABILITY OF HOUSING AT DESTINATION: \_\_\_\_\_

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ARRIVAL DATE AT DESTINATION: \_\_\_\_\_

PREFERRED DELIVERY DATE: AIR SHIPMENT \_\_\_\_\_ SEA SHIPMENT \_\_\_\_\_

DELIVERY ADDRESS: \_\_\_\_\_

HOME TEL: \_\_\_\_\_

WORK TEL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TEMP ADDRESS AND INFORMATION:

DATES FROM \_\_\_\_\_ TO \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Please note that if moving internationally we will need copies of your passport with the picture page.