Moving Planner
BUNDLE

NAME

YEAR

Moving Checklist

HOME INFORMATION

Owner:

Address:

Contact no.:

Email:

Website:

1 MONTH BEFORE MOVE

- ○ Figure out what items you will move, place in storage or sell
- ○ Allocate a budget for your move
- ○ Get boxes, tape and other moving necessities
- ○ Notify utility companies of the date of final meter reading
- ○ Notify cable company, security and any other services you receive
- ○ Begin cleaning out closets, attic and garage
- ○ Analyze what item can be thrown away/donated
- ○

CHANGE TO ADDRESS

- ○ US Portal Service
- ○ Drivers License
- ○ IRS
- ○ Social Security
- ○ Voter Registration
- ○ Banks/Investments
- ○ Insurance/Doctors
- ○ Friends & Family
- ○ Schools

2 WEEKS BEFORE MOVE

- ○ Submit a postal change of address
- ○ Empty the fuel from your lawn, mower, power tools, etc.
- ○ Create a room by room packing calendar and track progress
- ○ Assemble a folder of important information about your home for the next homeowner
- ○ Make sure all necessary repairs are completed
- ○ Plan meals to use up refrigerated food

MOVING DAY

- ○ Double check that all cabinets, dishwashers are empty
- ○ Give movers a tour & any specific instruction on what to move and not to move
- ○ Dispose of trash
- ○ Final Cleaning
- ○ Leave a note of your address in the house so future residents can forward any remaining mail
- ○ Take a final walkthrough of the home to make sure no items are left behind

Moving Checklist

DATE:

1-5 DAYS BEFORE MOVE

- ☐ Defrost your freezer & empty the ice maker
- ☐ Clean refrigerator, microwave, stovetop & oven
- ☐ Confirm moving arrangements
- ☐ Gather & clean outdoor furniture
- ☐ Pack suitcase for each family member with clothes & toiletries to get through the first 3 days
- ☐ Arrange help for kids/pets for moving day

CONTACTS

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

OTHER NOTES

Cleaning Checklist

DATE:

KITCHENS/ DRAWERS

✓ ✗

○ ○ Floors, tabletops, and countertops are cleaned and sanitized daily.

○ ○ Doors, light switches, and cabinet handles are cleaned and sanitized weekly.

○ ○ Service areas and kitchen areas are cleaned and sanitized before and after food activity.

○ ○ Carpets are cleaned and allowed to dry before using. All drawers are cleaned.

TOILETS/NURSERY AREAS

✓ ✗

○ ○ Bathroom sinks & fixtures are cleaned & disinfected everyday

○ ○ Faucets, basins, soap dispensers and counters are disinfected instantly when visibly soiled.

○ ○ Changing tables are cleaned disinfected and sanitized after use by each child.

○ ○ Diaper containers are cleaned and disinfected daily and wherever they look soiled.

HANDWASHING AREAS

✓ ✗

○ ○ Liquid soap is to be refilled and made available 24/7 at all sinks and handwashing areas.

○ ○ Step stools are required and made available at each sink and handwashing basin.

○ ○ Disposable paper towels are facilitated within children's reach and refilled as needed.

○ ○ Staff consistently supervise the proper handwashing of kids before/after toileting and meals.

OTHER CLEANING

✓ ✗

○ ○ Cleaning rags and mops are cleaned and sanitized after each use by washing in detergent.

○ ○ Plastic swimming pool, if any, is cleaned and sanitized everyday using the same cleaning process as you do with water tables.

○ ○ Toothbrush holders are washed and disinfected weekly or if visibly soiled.

○ ○ Disposable tissues are available for consistent use by children for runny nose

NOTES

Cleaning Checklist

DATE:

PUBLIC SPACES

✓	✗	
○	○	Bring masks for everyone coming with you
○	○	Make sure you have hand sanitizer with at least 60% alcohol.
○	○	Pack disinfectant wipes to wipe off phones and other surfaces.
○	○	Consider making a shopping list to limit time in stores.
○	○	Contact the businesses you'll visit to confirm hours and safety rules
○	○	Decide how many people you'll interact with
○	○	Bring a credit card or devices you use for contactless payment

LIVING ROOM/BEDROOM/OFFICES

✓	✗	
○	○	Dust top of china cabinet/ buffet table
○	○	Dust tables & electronics
○	○	Organize misc. items
○	○	Organize media cabinet
○	○	Steam clean sofas/chairs
○	○	Wash throw blankets and pillow covers
○	○	Dust tops of dressers/ headboard
○	○	Wash pillows & beddings
○	○	Flip & rotate mattress
○	○	Sort clothes to keep/donate/throw out
○	○	File documents/important papers
○	○	Dust desk top & furniture

OTHER

✓	✗	
○	○	
○	○	
○	○	
○	○	
○	○	
○	○	
○	○	
○	○	

Address Change Checklist

DATE:

MOVING DAY: _____   **START TIME:** _____

FINANCIAL INSTITUTIONS

- ◯ Banks
- ◯ Credit cards
- ◯ Loan agencies
- ◯ Car insurance
- ◯ Home insurance
- ◯ Employer
- ◯ _____

GOVERNMENT AGENCIES

- ◯ DMV
- ◯ Post office
- ◯ Social security
- ◯ voter registration
- ◯ _____
- ◯ _____
- ◯ _____

MEMBERSHIPS

- ◯ AAA
- ◯ Magazines/Subscriptions
- ◯ Church
- ◯ School
- ◯ Gym
- ◯ _____
- ◯ _____

UTILITY COMPANIES

- ◯ Water
- ◯ Electricity
- ◯ Gas
- ◯ TV Company
- ◯ Internet
- ◯ Phone
- ◯ _____

MEDICAL OFFICES

- ◯ Health insurance
- ◯ Doctor
- ◯ Dentist
- ◯ Eyecare
- ◯ Pharmacy
- ◯ Vet
- ◯ _____

MISCELLANEOUS

- ◯ Amazon
- ◯ Online pizza delivery
- ◯ Family and friends
- ◯ _____
- ◯ _____
- ◯ _____
- ◯ _____

Moving Supplies Checklist

DATE:

BASIC FURNITURE

- ○ Dining Table and chairs
- ○ Office desk and chair
- ○ Lamps
- ○ Bookcase

- ○ Computer or laptop
- ○ Sofa
- ○ Chairs
- ○ Coffee and end tables

- ○ Floor lamp
- ○ _____
- ○ _____
- ○ _____

BEDROOM/ENTERTAINMENT

- ○ Mattress set
- ○ Night table
- ○ Dresser
- ○ Table lamp

- ○ Bed linen
- ○ Alarm clock radio
- ○ Clothing hangers
- ○ Drapery and hangers

- ○ Blinds
- ○ DVD Player
- ○ TV and mount/Stand
- ○ Audio accessories

BATHROOM/KITCHEN

- ○ Bath mat
- ○ Toilet Paper
- ○ Toilet brush & plunger
- ○ Bath linen
- ○ Toaster/oven
- ○ Blender

- ○ Shower curtain, liner & rings
- ○ Wastebasket
- ○ Cutlery and flatware set
- ○ Dinnerware
- ○ Utensils
- ○ Cookware & Baking set

- ○ Coffee machine
- ○ Hand mixer
- ○ Food processor
- ○ Microwave
- ○ Mixing bowls, measuring Cups & Spoons

GENERAL/OUTDOOR

- ○ Cleaning & Laundry Supplies
- ○ Vacuum
- ○ Tools & Accessories including batteries, flashlight & Storage organization

- ○ Grill
- ○ Grill Accessories
- ○ Plants
- ○ _____
- ○ _____
- ○ _____

- ○ _____
- ○ _____
- ○ _____
- ○ _____
- ○ _____
- ○ _____

NOTES

Important Dates

JANUARY

- ○ _____
- ○ _____
- ○ _____
- ○ _____
- ○ _____
- ○ _____

FEBRUARY

- ○ _____
- ○ _____
- ○ _____
- ○ _____
- ○ _____
- ○ _____

MARCH

- ○ _____
- ○ _____
- ○ _____
- ○ _____
- ○ _____
- ○ _____

APRIL

- ○ _____
- ○ _____
- ○ _____
- ○ _____
- ○ _____
- ○ _____

MAY

- ○ _____
- ○ _____
- ○ _____
- ○ _____
- ○ _____
- ○ _____

JUNE

- ○ _____
- ○ _____
- ○ _____
- ○ _____
- ○ _____
- ○ _____

JULY

- ○ _____
- ○ _____
- ○ _____
- ○ _____
- ○ _____
- ○ _____

AUGUST

- ○ _____
- ○ _____
- ○ _____
- ○ _____
- ○ _____
- ○ _____

SEPTEMBER

- ○ _____
- ○ _____
- ○ _____
- ○ _____
- ○ _____
- ○ _____

OCTOBER

- ○ _____
- ○ _____
- ○ _____
- ○ _____
- ○ _____
- ○ _____

NOVEMBER

- ○ _____
- ○ _____
- ○ _____
- ○ _____
- ○ _____
- ○ _____

DECEMBER

- ○ _____
- ○ _____
- ○ _____
- ○ _____
- ○ _____
- ○ _____

Contact List

IMPORTANT CONTACTS

Moving Company Quote Tracker

DATE:

COMPANY NAME	CONFIRMATION NO.	QUOTE	INTERVIEWED
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯

NOTES

Moving Company Notes

DATE:

COMPANY DETAILS

Company name:

Contact person:

Contact phone number:

Contact email:

ESTIMATE

Phone:

   Scheduled:

   Completed:

In person:

   Scheduled:

   Completed:

QUOTES

Packing:

Truck:

Car Transport:

Unpacking:

Moving:

Message:

INSURANCE

Coverage & Options:

Cost:

SCHEDULED DATES

Packing:

Delivery:

Unpacking:

Loading:

PROS

CONS

NOTES

Moving Date Timeline

DATE:

Time	
6:00 AM	
7:00 AM	
8:00 AM	
9:00 AM	
10:00 AM	
11:00 AM	
12:00 AM	
1:00 PM	
2:00 PM	
3:00 PM	
4:00 PM	
5:00 PM	

MOVING COMPANY
MOVING DAY CONTACT INFO

NAME OF MOVERS

○   ○
○   ○
○   ○
○   ○
○   ○

MOVING TASK LIST

NOTES

Box Label Color Key

DATE:

ROOM	LABEL COLOR	BOX NUMBERS
Living Room		
Kitchen		
Bedroom		
Bathroom		
Dining Room		
Nursery		
Garage		
Porch		
Attic		
Loft		
Spare Room		
Study/Office		
Utility Room		
Balcony		
Pantry		
Basement		
Kids Room		
Wardrobe		
Laundry Room		

NOTES

Moving Summary

DATE:

CLIENT	Name: Phone: Email Address:
MOVING COMPANY	Name: Phone: Email Address:
EMERGENCY CONTACT	Name: Phone: Email Address:
SCHEDULED DATES	Packing date: Loading date: Unloading date:
ADDRESS OF ORIGIN	
ADDRESS OF DESTINATION	
NOTES	

Moving Day Survival Kit

DATE:

FOR KITCHEN

◯ Bottled Water	◯ Places	◯ Sponges
◯ Cups	◯ Pot	◯ Trash Can Liners
◯ Dish Soap	◯ Skillet	◯ Utensils
◯ Dish Towels	◯ Snacks	◯ Wood Spoon
◯ Paper Towels	◯ Spatula	◯ _____

FOR BATHROOM

◯ Bath towels	◯ First Aid Kit	◯ _____
◯ Cleaning Rags	◯ Hand Soap	◯ _____
◯ Cleaning Supplies	◯ Toilet Paper	◯ _____
◯ Facial Tissues	◯ Toiletries	◯ _____

FOR BEDROOM

◯ Bedding	◯ Outfit for each person for 3 days	◯ _____
◯ Cellphone & Charger		◯ _____
◯ Couple of candles	◯ _____	◯ _____
◯ Matches	◯ _____	◯ _____

FOR THE OFFICE

◯ Computer & Charger	◯ Paper	◯ _____
◯ Markers	◯ Pens	◯ _____

FOR THE KIDS

◯ Books	◯ Portable Bluetooth Speaker	◯ Toys
◯ Diapering Supplies		◯ _____
◯ Games	◯ Sippy Cup	◯ _____

FOR THE MOVING TASK

◯ Box Cutter	◯ Moving Binder	◯ _____
◯ Door Stopper	◯ Standard Tool Kit	◯ _____
◯ Drill	◯ Tape Measure	◯ _____
◯ Masking Tape	◯ _____	◯ _____

To Do List: Current Home

DATE:

TASK	DUE DATE	✓
		○
		○
		○
		○
		○
		○
		○
		○
		○
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		○
		○
		○
		○
		○
		○
		○

NOTES

Home/Rental Search List

DATE:

ADDRESS	PRICE	QUICK NOTES	✔
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯
_____	_____	_____	◯

NOTES

Cleaning Checklist

DATE:

ENTIRE HOME

- ◯ Dust, vacuum, mop
- ◯ Clean ceiling
- ◯ Clean windows and window frames
- ◯ Clean garbage bins
- ◯ Clean binds & wash curtains
- ◯ Replace air filters
- ◯ Clean baseboards & door frames
- ◯ Check fire alarms & carbon monoxide detector

BATHROOM

- ◯ Clean grout
- ◯ Wash shower curtain & scrub liner
- ◯ Wash rugs
- ◯ Clean mirror with glass cleaner
- ◯ Clean toothbrush holder
- ◯ Clean bath/shower & faucet
- ◯ Clean sink & faucet
- ◯ Clean toilet: interior, base & tank

LIVING ROOM

- ◯ Clean electronics
- ◯ Wipe down remotes
- ◯ Vacuum couch, wash pillow covers & throw blankets
- ◯ Shampoo carpet/mop wood floor
- ◯ Wash or shampoo rugs

KITCHEN

- ◯ Clean fridge
- ◯ Clean oven: scrub inside, clean stovetop, hood fan, stove grates
- ◯ Move & clean behind fridge & oven
- ◯ Clean backsplash & counters
- ◯ Clean dishwasher: empty filter, clean drain and control panel
- ◯ Clean microwave
- ◯ Clean freezer
- ◯ Clean & organize cabinets & pantry
- ◯ Mop & sweep floor
- ◯ Clean utensil holder

BEDROOM

- ◯ Bedroom: Wash bedding, throw blankets, pillow covers
- ◯ Flip or rotate mattress
- ◯ Clean out drawers & closets
- ◯ Dust end tables and dressers
- ◯ Wash curtains
- ◯ Clean under bed

OUTSIDE

- ◯ Clean gutters
- ◯ Clean outdoor furniture
- ◯ Clean doors & porch
- ◯ Pressure wash outdoor surfaces

NOTES

Utilities & Services

DATE:

CURRENT HOME

GAS COMPANY	Name: Address: Phone: Website:
INTERNET & CABLE COMPANY	Name: Address: Phone: Website:
POWER COMPANY	Name: Address: Phone: Website:
TRASH & RECYCLING COMPANY	Name: Address: Phone: Website:
WATER COMPANY	Name: Address: Phone: Website:
OTHER:	Name: Address: Phone: Website:
NOTES	

To Do List: New Home

DATE:

TASK	DUE DATE	✓
		○
		○
		○
		○
		○
		○
		○
		○
		○
		○
		○
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		○
		○
		○
		○
		○
		○

NOTES

Cleaning Checklist

DATE:

BATHROOM

- ◯ Sink
- ◯ Toilet
- ◯ Add toilet paper
- ◯ Add soap and hand towels

KITCHEN

- ◯ Counters
- ◯ Add soap, paper towels & hand towels
- ◯ Sink
- ◯ Refrigerator
- ◯ Cabinet Interiors
- ◯ Microwave Interior

WASHER & DRYER

- ◯ Clean Interior of washer
- ◯ Clean Interior of dryer

REMAINING SHOWERS & BATHTUBS

- ◯ Clean all remaining showers & Bathtubs

FLOORS

- ◯ Clean floors of all closets
- ◯ Clean floors where large furniture or rugs will be placed
- ◯ _____

SHOWER

- ◯ Clean, Shower or bathtub
- ◯ _____
- ◯ _____
- ◯ _____

REMAINING TOILETS & SINKS

- ◯ Clean all remaining toilets and Sink

OTHERS

- ◯ _____
- ◯ _____

NOTES

Paint Index

DATE:

ROOM	BRAND	PRODUCT	COLOR NAME	COLOR CODE	SHEEN
Dining Room					
Kitchen					
Living Room					
Office					
Pantry					
Playroom					
Master Bedroom					
Bedroom #1					
Bedroom #2					
Bedroom #3					
Bedroom #4					
Master Bedroom					
Bedroom #1					
Bedroom #2					
Bedroom #3					
Bedroom #4					
Entry Way					
Laundry Room					
Linen Closet					

NOTES

Room Planning Summary

DATE:

Room:

Dimensions:

Paint color:

Furniture & Accessories to Move:

Furniture & Accessories to Buy:

Decor Ideas:

THINGS TO DO

NOTES

Important Measurements

Items to Sell

DATE:

ITEM	VALUE	PICTURES TAKEN	POSTED FOR SALE	SOLD
_____	$ ___	○	○	○
_____	$ ___	○	○	○
_____	$ ___	○	○	○
_____	$ ___	○	○	○
_____	$ ___	○	○	○
_____	$ ___	○	○	○
_____	$ ___	○	○	○
_____	$ ___	○	○	○
_____	$ ___	○	○	○
_____	$ ___	○	○	○
_____	$ ___	○	○	○
_____	$ ___	○	○	○
_____	$ ___	○	○	○
_____	$ ___	○	○	○
_____	$ ___	○	○	○
_____	$ ___	○	○	○
_____	$ ___	○	○	○
_____	$ ___	○	○	○
_____	$ ___	○	○	○

NOTES

Items to Purchase

WHAT TO BUY	WHERE TO BUY	WHEN TO BUY	COST	PURCHASED
			$	◯
			$	◯
			$	◯
			$	◯
			$	◯
			$	◯
			$	◯
			$	◯
			$	◯
			$	◯
			$	◯
			$	◯
			$	◯
			$	◯
			$	◯
			$	◯
			$	◯
			$	◯
			$	◯
			$	◯

NOTES

Items to Donate

DATE:

ITEMS	VALUE	DROP-OFF	START	DONE
	$			◯
	$			◯
	$			◯
	$			◯
	$			◯
	$			◯
	$			◯
	$			◯
	$			◯
	$			◯
	$			◯
	$			◯
	$			◯
	$			◯
	$			◯
	$			◯
	$			◯
	$			◯
	$			◯
	$			◯

NOTES

Inventory Tracker

DATE:

BOX #	CONTENTS	ROOM	PACKED	FRAGILE	UNPACK	DONE
_____	_____	_____	◯	◯	◯	◯
_____	_____	_____	◯	◯	◯	◯
_____	_____	_____	◯	◯	◯	◯
_____	_____	_____	◯	◯	◯	◯
_____	_____	_____	◯	◯	◯	◯
_____	_____	_____	◯	◯	◯	◯
_____	_____	_____	◯	◯	◯	◯
_____	_____	_____	◯	◯	◯	◯
_____	_____	_____	◯	◯	◯	◯
_____	_____	_____	◯	◯	◯	◯
_____	_____	_____	◯	◯	◯	◯
_____	_____	_____	◯	◯	◯	◯
_____	_____	_____	◯	◯	◯	◯
_____	_____	_____	◯	◯	◯	◯
_____	_____	_____	◯	◯	◯	◯
_____	_____	_____	◯	◯	◯	◯
_____	_____	_____	◯	◯	◯	◯
_____	_____	_____	◯	◯	◯	◯

NOTES

Receipts

DATE:

RECEIPT

NAME: _____

DATE: _____

ORDER: _____

PHONE: _____

ITEM DESCRIPTION	QTY	PRICE	TOTAL
OVERALL TOTAL:			

RECEIPT

NAME: _____

DATE: _____

ORDER: _____

PHONE: _____

ITEM DESCRIPTION	QTY	PRICE	TOTAL
OVERALL TOTAL:			

RECEIPT

NAME: _____

DATE: _____

ORDER: _____

PHONE: _____

ITEM DESCRIPTION	QTY	PRICE	TOTAL
OVERALL TOTAL:			

RECEIPT

NAME: _____

DATE: _____

ORDER: _____

PHONE: _____

ITEM DESCRIPTION	QTY	PRICE	TOTAL
OVERALL TOTAL:			

Moving Budget

DATE:

EXPENSE	BUDGET	ACTUAL	DIFFERENCE
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$

NOTES

Moving Expense Tracker

DATE:

DATE	RETAILER	ITEM(S)	VALUE	JUSTIFICATION
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	

NOTES

Living Room Labels

DATE:

LIVING ROOM **BOX #** _____

Contents:_____

_____

_____

_____

_____

_____

LIVING ROOM **BOX #** _____

Contents:_____

_____

_____

_____

_____

_____

LIVING ROOM **BOX #** _____

Contents:_____

_____

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_____

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_____

LIVING ROOM **BOX #** _____

Contents:_____

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LIVING ROOM **BOX #** _____

Contents:_____

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LIVING ROOM **BOX #** _____

Contents:_____

_____

_____

_____

_____

_____

Kitchen Labels

KITCHEN   **BOX #** _____

Contents:_____

_____

_____

_____

_____

_____

KITCHEN   **BOX #** _____

Contents:_____

_____

_____

_____

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Dining Room Labels

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Nursery Room Labels

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Study/Office Labels

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