



Moving & Relocation Expenses Reimbursement Authorization Form

To: Kristina de la Vega, Associate Vice President, Office of Human Resources

From: Phone: Date:
Email: Mail Code: Fax:
Contact: Phone:

SUBJECT: Authorization for Moving & Relocation Expense Reimbursement

This will serve to authorize reimbursement for moving and relocation expenses for:

Name: College/Department:
Position: Anticipated Start Date:

This individual can be contacted as follows:

Current Home Address: City: State:
Zip Code: Phone: Email:

Reimbursement allowance for this move shall not exceed (using moving.com tool) \$ (If this total amount is to be divided between departments, the split is to be allocated as follows): \$ to be paid by department and \$, to be paid by department. Please refer to the Guidelines.

Justification (for amounts exceeding moving.com tool):

Approvals:

Dean/Director Print Name Date
Vice President Print Name Date
*President Print Name Date

*(Required for amounts exceeding \$20,000)