

**MOVING AND RELOCATION EXPENSES  
 REIMBURSEMENT AUTHORIZATION FORM**

**To:** Bob Foldesi, Associate Vice President  
 Office of Human Resources

**Date:** \_\_\_\_\_

**From:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Phone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Mail Code:** \_\_\_\_\_

**Subject: Authorization for Moving and Relocation Expense Reimbursement**

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

Name: \_\_\_\_\_

Department/College: \_\_\_\_\_

Position: \_\_\_\_\_

This individual may be contacted as follows:

<b>Office Address:</b>	<b>Telephone:</b> _____
(Street Address):	
(Street Address):	
(City, State):	
(Zip):	

<b>Home Address:</b>	<b>Telephone:</b> _____
(Street Address):	
(Street Address):	
(City, State):	
(Zip):	

**The reimbursement allowance for this move shall not exceed: \$\_\_\_\_\_** (If this total amount is to be divided between units, the split is to be allocated as follows: \$\_\_\_\_\_ to be paid by {unit} and \$\_\_\_\_\_ to be paid by {unit}.)

- Packing, insurance, transportation, unpacking, and installation of household goods.
- Transportation, meals, and lodging expenses incurred by appointee and family during travel between old residence and the campus (includes domestic partner with appropriate recorded [Declaration of Domestic Partnership](#) form).
- Storage of household goods in transit (not to exceed 60 calendar days).
- Other expenses, as indicated:

\_\_\_\_\_  
 \_\_\_\_\_

Approval:

\_\_\_\_\_  
 Dean/Director

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 President/Vice President

\_\_\_\_\_  
 Date