
HOUSEHOLD MOVING EXPENSE REQUEST FORM

Fiscal Procedure F450

Name: _____ Title: _____

Current Address: _____

Phone numbers:

Home phone # _____ Office phone # _____

Department: _____ Account # to be charged _____

Start Date : _____

Maximum Allowance Requested: \$ _____

*Justification: _____

Approvals:

Department

Dean/Vice Chancellor

Chief Business Officer

***To satisfy Fiscal Policy requirement, justify why a moving expense allowance for this newly hired faculty or staff member is in the best interests of the University.**