

MOVING & RELOCATION EXPENSES REIMBURSEMENT AUTHORIZATION FORM

MPP

Staff

Faculty

Name: _____ College/Dept: _____

Working Title: _____ Classification: _____

Employee Contact Information:

Address: _____
City State Zip

Phone #: _____ Email: _____

Reimbursement Allowance

Up to \$7,500 may be allocated for moving costs associated with relocations from outside of California
Approved amount: \$ _____

Up to \$3,500 may be allocated for moving costs associated with relocations from within California in excess of 100 miles from the University.
Approved amount: \$ _____

In excess of the above policy limits requires President's approval
Recommended amount: \$ _____

Justification: _____

President Approval: _____ Date: _____

Approvals

For Staff/MPP Reimbursements:

Dean/Director: _____ Signature: _____ Date: _____

Vice President: _____ Signature: _____ Date: _____

For Faculty Reimbursements:

Dean/Director: _____ Signature: _____ Date: _____

AVP Faculty Affairs: _____ Signature: _____ Date: _____