



Human Resources Management

1000 E. Victoria Street – WH 340 1 Carson, CA 90747 1 (310) 243-3771 1 FAX (310) 217-6947

MOVING & RELOCATION EXPENSES REIMBURSEMENT AUTHORIZATION FORM

To: **Human Resources**

From: _____ Phone #: _____

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

This will serve as authorization to reimburse for moving and relocation expenses for:

Name: _____ College/Dept: _____

Working Title: _____ Classification: _____

The employee can be contacted as follows:

Home 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

Dean/Director: _____ Signature: _____ Date: _____

President/VP: _____ Signature: _____ Date: _____