

## Morgan State University Moving Expenses Reimbursement Form

**EMPLOYEE'S NAME:**

**SOCIAL SECURITY #:**

**MAILING ADDRESS:**  
(INCLUDE CITY/STATE/ZIP CODE)

**CAMPUS ADDRESS:**

**CAMPUS TELEPHONE #:**

**TERRITORY COVERED:**

<b>From:</b>
<b>To:</b>

**VENDOR(S) PAID:**  
(Attach Original Receipts)


**REIMBURSEMENT AMOUNT:**

\$
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**EMPLOYEE'S SIGNATURE:**

### FOR OFFICIAL USE ONLY

**BUDGET CODE:** \_\_\_\_\_

**APPROVAL SIGNATURES:**

<b>Area Vice President:</b>	<b>Date:</b>
<b>Sponsored Programs/Business Services</b>	<b>Date:</b>
<b>Vice President, Finance &amp; Management</b>	<b>Date:</b>
<b>Comptroller</b>	<b>Date:</b>