



**KENNESAW STATE UNIVERSITY
EMPLOYEE RELOCATION & MOVING EXPENSE REIMBURSEMENT FORM**

Employee Name:

Mail Address:

City, State Zip:

Telephone: Cell Phone: Other Phone:

Maximum Budget Allowed:

Budget Account for State Funds:

Budget Account for Non-State Funds:

Supervisor Approval: Date:

	Amount (State Funds) (1)	Amount (Non-State Funds) (2)	Payment to Employee (3)	Payment to Academic Moves (4)
Packing/Crating/Insurance				
Rental Truck (Self Move)				
Moving van line				
Airfare (Final trip)				
Auto mileage (_____x.23)				
Tolls and parking fees				
Lodging up to 2 nights (No Meals) - \$75/night max				
Total				

I certify the expenses listed were incurred by me as a result of my relocation from

to

which is a commuting distance greater than 50 miles one way from my former residence and my new KSU work location. I agree and give the University an express lien on all salaries and other sums payable to me by the University for the purpose of securing payment of any amount which may become due and authorize the University to withhold said amount from any sums payable to me for salaries, Expense reimbursement or otherwise. I also agree that in the event of termination within the first year of employment I will repay the University all relocation costs unless the University waives repayment.

Employee Signature:

Date: