



Moving Expense Allowance Form

Name: _____ M#: _____

Position # or Title: _____

Moving from: _____ Moving to: _____

Date of Relocation: _____ of _____

Amount: \$ _____

Budget/Department: _____ Account Code: _____

To be paid: October 1 of _____ or _____ of _____.

Please Note: Payments are considered supplemental wages subject to Federal, State and FICA (FIM and FIO) withholdings; not subject to TRS. This payment will be included as income on Form W-2.

Requestor Signature: _____ **Date:** _____

Dean/Department Head: _____ **Date:** _____

Vice President/Division Head: _____ **Date:** _____

FOR PAYROLL USE ONLY: