



Relocation Authorization Letter

Employee Information

Name of the employee:

Requesting Division/Department:

Position Title:

Relocating from (city/state/country):

Position Starting Date:

Anticipated Move Date (if known):

(Relocation stipend cannot be paid more than 30 days in advance of relocation date)

Reason for requesting payment of relocation stipend:

Funding/Estimated Expenses

Expenses will be charged to:

Fund:

Dept ID:

Program:

Project:

Total Requested Relocation Stipend Amount	\$
--	-----------

Submitted by:

Date:

APPROVAL	
Employee Relocation Stipend Amount Approved	\$
<i>Signature of Approving Authority</i>	<i>Date</i>
<i>Title of Approving Authority</i>	