



BUSINESS MANAGER'S OFFICE
 2660 University Capitol Centre
 Iowa City, Iowa 52242-5500
 Fax 319-384-1830

Authorization for Payment of Moving Expenses

Department Contact Name: _____ Contact Phone: _____

Department: _____ Department Address: _____

New Faculty/ Staff Information:

Faculty/ Staff Name: _____

Appointment Rank: _____ Appointment Date: _____
(rank below pay grade 10 requires justification letter)

Amount Authorized: _____

Current Home Address: _____

Current Home Telephone: _____

Current Work Address: _____

Current Work Telephone: _____ Current e-mail address: _____

Fund	Org	Dept	Subdept	Grant/ Pgm	Inst Acct	Org Acct	Dept Acct	Fun	Cost Ctr	Amt of Split
xxx	xx	xxxx	xxxxx	x xxxxxxxx	xxxx	xxx	xxxxx	xx	xxxx	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

(no more than \$3,500 may be on General Funds)

***Please verify MFK with CLAS Accountant and then send to Faculty Human Resources Manager for the Executive Associate Dean for faculty's approval.**

Department Head: _____

Dean/ Vice President: (required if above \$3,500)

 (signature)

 (signature)

 (typed or printed)

 (typed or printed)