



**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)