



Moving Expense Reimbursement Pre-Approval Request

New Employee Information:

Employee Type

Employee Name

Department

Employment Begin Date

Job Title

Moving Expense Reimbursement FOP(s) and Amount(s):

Amount(s)

Fund	Org	703101	Program
Fund	Org	703101	Program
Fund	Org	703101	Program
Fund	Org	703101	Program

NOTE: The reimbursement will be limited to the total amount, which may not exceed the lesser of 10% of the employee's salary or the amounts outlined below:

- \$8,000 for a relocation of 350 miles or less
- \$12,000 for a relocation of 350-1,500 miles
- \$15,000 for a relocation distance greater than 1,500 miles

Total Amount

Employee current residence (City, State)

Miles to assigned work site

Proposed employee salary

Initials I have read Sam Houston State University policy FO-29 Moving Expenses, and I attest that the requested moving/relocation expense reimbursement will follow all policy guidelines. The moving/relocation expense reimbursement will not be paid with state-appropriated funding and will not exceed the limits detailed in the policy. Link to policy: [FO-29](#)

Approved:

Department Chair/Requestor

Date

Dean/Director

Date

*Provost and Senior Vice
 President for Academic Affairs*

Date

Per policy FO-29, this form must be submitted and approved in advance of the offer