

UNIVERSITY OF CONNECTICUT
REQUEST FOR REIMBURSEMENT OF MOVING EXPENSES

Approval is request for reimbursement of moving expenses for the following:

Search #:

Name of Person:

Title of Position:

Department:

Starting Date:

Approximate Date of Move:

Present Residence:

Local Residence:

\$700 x Rank Weight = \$

Mileage Rate = \$

Maximum Award = \$

FRS Account Number to be Charged:

APPROVED BY:

Department Head

Date

Dean/Director

Date

V. President/V.Chancellor (if needed)

Date

President/Chancellor (if needed)

Date

Forward to the Dean/Director (Vice President/Vice Chancellor or President/Chancellor if needed)