

University of Florida

Request for Approval to Pay Moving Expenses

****Indicates required**

To: University of Florida Purchasing PO Box 115251

****From:**

PO Box:

**Name of Employee	**UFID Number	**Employment Start Date

****Type of Appointment:**

a. Original b. Promotion c. Reassignment d. Demotion e. Transfer

Previous:

Hired in at:

	← Title →	
	← Pay Plan →	
	← Rate of Pay →	
	← Place of Work →	

****Justification:**

No commitment to expend university funds for the payment of moving expenses shall be made without prior approval by the chief administrative officer. Payment of moving expenses for this employee/applicant is in the best interest of the State of Florida for the following reasons:

****Estimated Cost to the University of Florida:**The estimated gross weight for which the University of Florida will be responsible for payment in connection with this move is _____ pounds. The cost of this move is estimated to be _____. Sufficient budgeted funds are available for this expense. The move will be made on or about the date of _____. The employee/applicant has been advised that this payment is limited to the packing, shipping, and storage of household goods or a mobile home and that no more than 15,000 pounds gross weight will be approved unless any of these restrictions is specifically waived.

Dean or Director only

Date

Action Taken: **Approved up to a maximum 15,000 pounds**
 Approved in excess of 15,000 pounds
 Disapproved

Remarks

By:

Vice President

Date