

**KENNESAW STATE UNIVERSITY  
EMPLOYEE RELOCATION & MOVING EXPENSE REIMBURSEMENT FORM**

Employee Name:

Mail Address:

City, State Zip:

Telephone:

Cell Phone:

Other Phone:

Maximum Budget Allowed:

Budget Account #1 (12 digit ADP code):

Max Amt:

Budget Account #2 (12 digit ADP code):

Max Amt:

Supervisor:

Date:

Business Manager:

Date:

	Amount (State Funds) (1)	Amount (Non-State Funds) (2)	Payment to Employee (3)
Packing/Crating/Insurance			
Rental Truck (Self Move)			
Moving van line			
Airfare (Final trip)			
Auto mileage ( _____ x.17)			
Tolls and parking fees			
Lodging up to 2 nights (No Meals) - \$100/night max			
Total			

**I certify the expenses listed were incurred by me as a result of my relocation from**

to

**which is a commuting distance greater than 50 miles one way from my former residence and my new KSU work location. I agree and give the University an express lien on all salaries and other sums payable to me by the University for the purpose of securing payment of any amount which may become due and authorize the University to withhold said amount from any sums payable to me for salaries, Expense reimbursement or otherwise. I also agree that in the event of termination within the first year of employment I will repay the University all relocation costs unless the University waives repayment.**

Employee Signature:

Date: