



Relocation / Temporary Lodging Pre-Approval

Position / Candidate Information

Name of the (new/present) employee: _____

Reason for Move: _____

HR Position Number: _____

Relocating from (city/state): _____

Funding/ Estimated Expenses

Expenses will be charged to:

Fund: _____ Program: _____ Dept ID: _____ Project: _____

Requested stipend amount	\$
Supplemental Stipend [at discretion of the Chancellor]	\$
Total amount requested	\$

If reimbursement for temporary lodging expenses is requested, briefly explain why and the number of days it is needed:

Approval for temporary lodging: _____ Date: _____

(Must be approved by Vice Chancellor of Admin Affairs)

APPROVAL	
Stipend Amount Approved	\$
Dean or Division Head Authorization	Date
Chancellor Authorization [required for supplemental only]	Date