

MOVING EXPENSE PRE-AUTHORIZATION FORM

This form should be completed and sent to Jeff Long, Director of Accounting Services at 1080 Seibert Administration Building: mail stop 5207 **BEFORE** a moving expense benefit is offered to a prospective employee. Inquiries may be directed to Accounting Services via phone 7-4230 or email acnt-contactus@wmich.edu.

PLEASE TYPE INFORMATION

Date: _____

First Name: _____ Last Name: _____

Department Name: _____

Mail Stop for Department: _____

Email for Department: _____

Fax Number: _____ Phone Number: _____

Fund and Department: _____ **Account 4754**

Eligible Classification

(Only employees in these classifications are eligible)

Senior Administrative Official

Tenure Track Faculty

City/State/Country employee is moving from: _____

Amount Authorized (Not to exceed one month's salary): _____

Authorized Signature: _____

(Department Chair or Dean)

Printed Name of Authorized Person and Title: _____

Why is it necessary to offer reimbursement/payment of moving expenses to this individual?

Director of Accounting Services Approval:

Signature

This completed (and approved) form must be attached to the Travel Expense Voucher for reimbursement/payment.

* The Moving Expense Policy is located at: <https://wmich.edu/policies/moving-expense>