

**UNIVERSITY OF FLORIDA
REQUEST FOR APPROVAL TO PAY MOVING EXPENSES**

TO: UNIVERSITY OF FLORIDA PURCHASING PO BOX 115250		FROM:	
1. NAME OF EMPLOYEE	2. SOCIAL SECURITY NUMBER	3. BEGINNING DATE OF EMPLOYMENT	
4. TYPE OF APPOINTMENT: a. <input type="checkbox"/> ORIGINAL b. <input type="checkbox"/> PROMOTION c. <input type="checkbox"/> REASSIGNMENT d. <input type="checkbox"/> DEMOTION e. <input type="checkbox"/> TRANSFER			
PREVIOUS:		HIRED IN AT:	
		⇐ TITLE ⇒	
		⇐ PAY PLAN ⇒	
		⇐ RATE OF PAY ⇒	
		⇐ PLACE OF WORK ⇒	

5. 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 and the University of Florida for the following reasons:

6. 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.

MOVING EXPENSE PAYMENTS OF \$50,000 OR MORE MUST BE BID IN ACCORDANCE WITH PURCHASING RULES AND RULE F.A.C. 6C1-1.101 (7) (c).

7. _____
Dean or Director only

8. _____
Date

9. ACTION TAKEN: Approved up to a maximum of 15,000 pounds Approved in excess of 15,000 pounds
 Disapproved

Remarks:

10. By: _____
Vice President

11. _____
Date