

University of Nevada, Reno
REQUEST FOR MOVING EXPENSE REIMBURSEMENT

Division: _____ Employee Name: _____

College/School: _____ Position #: _____

Department: _____ Position/Title/Rank: _____

Employee Start Date: _____

Relocation From: _____

Justification:

Funds Requested: _____

Source(s) of Funds - Account(s) for moving expenses: _____

(See annual limit on the use of state funds for moving expenses reimbursement found in University Administrative Manual Section 2540)

Additional Comments:

Recommended by: _____
Department Chair Date

Recommended by: _____
Dean or Director Date

Recommended by: _____
Vice President Date

INSTRUCTIONS FOR USE: Attach a copy of the accepted offer letter. This request must be completed and fully approved prior to initiating any purchases or filing paperwork for the reimbursement of moving expenses. Upon approval, the original should be maintained in the department and a copy attached to a purchase requisition, purchasing card statement of account, or a Request for Payment form.