

Westminster College

REIMBURSEMENT VOUCHER FOR FACULTY RELOCATION EXPENSES

Authorization is required for reimbursement of faculty relocation expenses; the total amount allowable is as noted in your original "Notice of Full-Time Faculty Appointment." Please complete this form within one week after the completion of your move to the mid-Missouri area. **Attach all appropriate receipts and forward to the Academic Dean's Office.** Thank you for your assistance.

Requester's Printed Name: _____ **Date:** _____

Department: _____

Move from (city, state): _____

Move to (complete address):

Date of move: _____ to _____

Actual Expenses:

Moving Service:	_____	Self-Move Truck Rental	_____
Shipping Expense	_____	Other	_____
Total Expenses:			\$_____

Signature of Faculty Member: _____

Approval:

Approved by Academic Dean: _____
(Signature) (Date)

Total Amount Approved: \$ _____

Charge to Account No: [] 10-1-40-1320-662-00: Faculty Recruitment/Relocation Expenses