

# Sam Houston State University

## Relocation (Moving) Expense Reimbursement Form

Please complete a separate form for each individual for which reimbursement of moving expenses is requested. Forward completed form with indicated attachments to the SHSU Payroll Office located in the CHSS Building, Suite 420. For questions, please call the SHSU Payroll Office at (936) 294-1273 or via email at [payroll\\_office@shsu.edu](mailto:payroll_office@shsu.edu).

### 1. Employee Information:

Employee Name: \_\_\_\_\_

SAM ID: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

### 2. Department Information:

Department Name: \_\_\_\_\_

Department Contact Name: \_\_\_\_\_ Ext.: \_\_\_\_\_

Department FOAP(s): \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
\_\_\_\_\_ Amount: \$ \_\_\_\_\_  
\_\_\_\_\_ Amount: \$ \_\_\_\_\_

FOAP Authorized Signatory (Administrator):

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

### 3. Please attach the following items:

1. Copy of written agreement to pay moving/relocation expenses.
  - ❖ Must have appropriate Vice President approval
2. Receipts
  - ❖ Receipts should be original or e-receipts

### 4. Direct Vendor Payment

1. BearKatBuy Purchase Order Number: \_\_\_\_\_

*Upon review of attached items, the Payroll Office will contact the department and notify them of taxable vs. nontaxable items and approximate payment dates.*

*For Payroll Department Use Only*

\$ \_\_\_\_\_ One Time Pay Amt. \_\_\_\_\_ Date Completed \_\_\_\_\_ Prepared By \_\_\_\_\_

\$ \_\_\_\_\_ Direct Pay Amt. \_\_\_\_\_ Date Submitted to Disbursements \_\_\_\_\_