

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 Services Office. For questions, please call SHSU Payroll at (936) 294- 1273 or via email at payroll_office@shsu.edu.

1. Employee Information:

Employee Name: _____

SAM ID: _____

Employee Signature: _____

***Employee has reviewed FO-29 Moving Policy and agrees to repayment clause as outlined.*

2. Department Information:

Department Name: _____

Department Contact Name: _____ Ext.: _____

Department FOAP(s): _____ Percentage: _____

_____ Percentage: _____

Total Reimbursement Amount: \$ _____

FOAP Authorized Signatory (Administrator):

Print Name: _____

Signature: _____

3. Please include the following information regarding salary and distance moved:

Salary: _____

Miles: Moving from a distance of 350 miles or less

Moving from a distance of 351 to 1500 miles

Moving from a distance that exceeds 1500 miles

4. Please attach the following items:

1. Copy of written agreement to pay moving/relocation expenses.

❖ Must have appropriate Vice President approval

❖ Academic Areas must submit Moving Expense Reimbursement Pre-Approval Request

5. Direct Vendor Payment

1. BearKatBuy Purchase Order Number: _____

*Relocation allowances may be subject to repayment if a recipient voluntarily separates from employment within twenty-four (24) months of the employee's start date. Amounts subject to repayment are as follows:

Separation from Employment

Six months

Twelve months

Eighteen months

Twenty-four months

Amount of Repayment

100% of Relocation Allowance

75% of Relocation Allowance

50% of Relocation Allowance

25% of Relocation Allowance