

**MOVING EXPENSE PRE-AUTHORIZATION FORM**

This form should be completed and sent to Kendra Drewyor, Controller at 1080 Seibert Administration Building: mail stop 5207 **BEFORE** a moving expense benefit is offered to a prospective employee. Inquiries may be directed to Accounting Services via phone 7-2208 or email [kendra.a.schram@wmich.edu](mailto:kendra.a.schram@wmich.edu).

**PLEASE TYPE INFORMATION**

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Mail Stop for Department: \_\_\_\_\_

Email for Department: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Fund and Department: \_\_\_\_\_ **Account 4754**

Eligible Classification

(Only employees in these classifications are eligible)

Senior Administrative Official

Tenure Track Faculty

Base Salary: \_\_\_\_\_

City/State/Country employee is moving from: \_\_\_\_\_

Amount Authorized (Not to exceed one month's salary): \_\_\_\_\_

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

(Department Chair or Dean)

Printed Name of Authorized Person and Title: \_\_\_\_\_

Why is it necessary to offer reimbursement/payment of moving expenses to this individual?

Director of Accounting Services Approval:

\_\_\_\_\_  
Signature

This completed (and approved) form must be attached to the Travel Expense Voucher for reimbursement/payment.

\* The Moving Expense Policy is located at: <https://wmich.edu/policies/moving-expense>