

MOVING EXPENSE PRE-AUTHORIZATION FORM

RESET

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.

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

Reimbursement Instructions: Retain this form and all supporting documentation. Submit a Payroll Incidental Pay (IC) form in PeopleSoft HR using the MET – Moving Expense (Taxable) code.

The Moving Expense Procedure and Guidelines is located on the AP Form webpage under the Moving Expenses section at: <https://wmich.edu/payroll/accounts-payable/apforms>

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