



BUSINESS MANAGER'S OFFICE

2660 University Capitol Centre
Iowa City, Iowa 52242-5500
Fax 319-384-1830

Authorization for Payment of Moving Expenses

Department Contact Name: _____ Contact Phone: _____

Department: _____ Department Address: _____

New Faculty/ Staff Information:

Faculty/ Staff Name: _____

Appointment Rank: _____ Appointment Date: _____
(ranks below level 5 and assistant professor require justification letter)

Amount Authorized: _____

Current Home Address: _____

Current Home Telephone: _____

Current Work Address: _____

Current Work Telephone: _____ Current e-mail address: _____

Fund	Org	Dept	Subdept	Grant/ Pgm	Inst Acct	Org Acct	Dept Acct	Func	Cost Ctr	Amt of Split
xxx	xx	xxxx	xxxxx	x xxxxxxxxx	xxxx	xxx	xxxxx	xx	xxxx	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Department Head: _____

Dean/Vice President (required if above \$3,500)

Signature

Signature

(Name typed or printed)

(Name typed or printed)

Print and forward original to the Business Manager's Office, 2660 University Capitol Center