

Requested Approvals:

Departmental Approver ID:

Financial Services

Moving Reimbursement Pre-Approval Request

Show Instructions	Initiator ID:		Initiator Name:	
	Business Officer ID:		Business Officer Name:	
New Employee Details: *Name:				
*Email:		*Employee's Start Date:		
Job Title:		*Department:		
*Position Number:		*Faculty or Staff:		
		*Maximum Reimbursement Allowable:		
Estimate of Moving Expenses to be Reimbursed with State Funds: Requirements are provided in detail in OSBM Budget Manual Section 6.8 and 6.9. Use of state funds requires approval by the Chancellor once the expense reimbursement request is submitted.				
Break Down of Estimated Moving Expenses:				
Moving Household Items from Old Residence to New				
Packing, Transportation, Transit Insurance and Unpacking (enter 3 bids, select desired bid, attach all 3 bids)				
Bids must include: Shipment weight, number of cartons, charges for loading/unloading and cost of transit insurance coverage. If you are not using a professional moving company, you must enter at least one bid for comparison, and enter on a separate line your estimated costs to pack and transport your household items (e.g., truck rental, packing supplies, fuel). The estimated cost must be less than the professional moving company bid. Include any estimated mileage costs as "Other Estimated Expenses" rather than as part of the bid.				
Select Bid Amount Name of Company Who Provided Bid				
If the selected bid is not the lowest provide justification for choosing higher bid:				
Other Estima	ated Expenses (This sho	uld generally be limited to pre-move hous	e hunting expenses and travel exper	nses for day of move.)
	Total Estimated Moving Expenses to be Reimbursed with State Funds:			
NOTE: The reimbursement will not necessarily be limited to this estimate. See procedures for overall reimbursement limits.				
I have read U and not allow State's policie	ved to be reimbursed with es, including but not limit	Expense Reimbursement/Allowa	t I will not be reimbursed for equire special handling and/o	

Email this form and the required attachments to imagenowpay@uncc.edu

Approved

Departmental Approver Name:

Not Approved

Excess lodging approval. (See OSBM Budget Manual Sec. 5.2.3)

The following individuals will be approving the Moving Reimbursement Pre-Approval form. Once approved, a copy will be routed to AP for audit purposes.