

Augusta University

Relocation Expense Authorization (REA) Form

(This form is required when a department elects to reimburse a new employee for his/her relocation/moving expenses and must be completed, approved and submitted to Human Resources for classified employees and the applicable Dean's Office for faculty positions in order for this commitment to be included in the written offer of employment.)

EMPLOYEE INFORMATION	
Employee Name _____	Title _____
Hiring Department _____	Hire Date _____
Department Contact Name _____	Department Phone Number _____

RELOCATION EXPENSE AUTHORIZATION		Distribution (\$\$)
Funding CFC #1	_____	
	<i>Fund - Department - Program - Class - Project</i>	
Funding CFC #2	_____	
	<i>Fund - Department - Program - Class - Project</i>	
Funding CFC #3	_____	
	<i>Fund - Department - Program - Class - Project</i>	
<i>If additional CFCs are to be used, please attach additional form.</i>		
Maximum Reimbursement Requested		_____
Fiscal Year		_____

CERTIFICATION AND APPROVAL	
<p>I certify that my department will cover the relocation & moving expenses for the above named individual from the fund source(s) specified. Any reimbursement will be made in accordance with the Augusta University Relocation & Expense Policy.</p>	
Department Head Signature and Date	_____
Dean/Vice President Signature and Date <i>(Required for faculty positions)</i>	_____

SPONSORED PROGRAM ADMINISTRATION APPROVAL	
<p>The fund source(s) specified above are adequate to cover the amount requested.</p> <p><i>Sponsored Program Administration is only required for Chartfield Combinations that use Fund Code 20000 or 21021.</i></p>	
SPA Signature and Date	_____

For HR Use Only:	
Moving Allowance per Offer Letter _____	Routed Copy of Form to Hiring Department _____
	HR Signature _____ Date _____

***A copy of this form must be submitted to Payroll with the Request for Reimbursement of Relocation Expenses.**