

## Georgia State 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>	
<b>Maximum Reimbursement Requested</b>	
<b>Fiscal Year</b>	

### CERTIFICATION AND APPROVAL

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 MCG Relocation & Expense Policy.

Department Head Signature and Date \_\_\_\_\_

Dean/Vice President Signature and Date \_\_\_\_\_  
*(Required for faculty positions)*

### BUDGET, PLANNING & ANALYSIS AND SPONSORED PROGRAM ADMINISTRATION APPROVAL

The fund source(s) specified above are adequate to cover the amount requested.

BPA Signature and Date \_\_\_\_\_

SPA Signature and Date \_\_\_\_\_

#### **For HR Use Only:**

Moving Allowance per Offer Letter _____	Routed Copy of Form to Hiring Department _____	HR Signature _____	Date _____
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**\*A copy of this form must be submitted to Payroll with the Request for Reimbursement of Relocation Expenses.**