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| Moving Expense Reimbursement Agreement | | | | | | | | |
| Western Kentucky University | | | | | | | | |
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| Department: |  | | | |  |  |  |  |
| Index Charged: |  | | | |  |  |  |  |
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| Maximum Amount Authorized: |  | |  |  |  |  |  |  |
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| Reimbursement of moving expenses is limited to the actual costs of allowable expenses | | | | | | | |  |
| supported by original receipts, up to an overall maximum of $10,000. The appropriate Vice President may establish a lower reimbursement amount, either as a policy or on a case-by-case basis. | | | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Note: Please be sure department and new employee each have a copy of the Moving | | | | | | | |  |
| Expense Reimbursement policy #3.1202. | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Employee Name: |  | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Address moved from: |  | | | |  |  |  |  |
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| Justification for payment: |  | | | | | | |  |
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| Approved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |
| Department Head (and Dean, if appropriate) | | |  |  | Date |  |  |  |
|  |  |  |  |  |  |  |  |  |
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| Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |
| Administrative Council Member | | | |  | Date |  |  |  |
|  |  |  |  |  |  |  |  |  |
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| Accepted by employee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |
| Signature | | |  |  | Date |  |  |  |
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