

Truman State University

New Full-Time Faculty Moving Expense Request Form

This completed form should be submitted to the Business Office, Accounts Payable section to initiate new faculty moving expense payment, as backup to a requisition.

Date: _____ Banner ID: _____

Faculty Name: _____

Address to Send Check: _____

1) Has Truman employment contract been signed and returned to the President's Office?
_____yes _____no If no, stop and complete that step before continuing this form.

2) Is employee moving residences from outside a 50 mile radius of Kirksville to within a 50 mile radius of Kirksville? If yes:

Current Address:	_____	New Address:	_____
	_____		_____
	_____		_____

If no, stop, Faculty member does not qualify for the payment.

Dean's Signature

Date