UNIVERSITY OF FLORIDA REQUEST FOR APPROVAL TO PAY MOVING EXPENSES

TO:		FROM: (De)	FROM: (Department Name and PO Box)	
UNIVERSITY OF FLORIDA PURCHA	ASING	;		
PO BOX 115250				
1. NAME OF EMPLOYEE		2. UFID NUMBER	3. BEGINNING DATE OF EMPLOYMENT	
4. TYPE OF APPOINTMENT:				
a. ORIGINAL b. PROMOTION	с. [REASSIGNME	NT d. ☐ DEMOTION e. ☐ TRANSFER	
PREVIOUS: HIRED IN AT:				
		<= TITLE => = PAY PLAN =>		
	<= RATE OF PAY =>			
	1	LACE OF WORK=>		
approval by the chief administrative officer. Payment of moving expenses for this employee/applicant is in the best interest of the State of Florida and the University of Florida for the following reasons:				
6. ESTIMATED COST TO THE UNIVERSITY	OF F	LORIDA:		
The estimated gross weight for which the University of Florida will be responsible for payment in connection with				
this move is pounds. The cost of this move is estimated to be \$ Sufficient budgeted funds are available for this expense. The move will be made on or about the date of				
The employee / applicant has been advised that this payment is limited to the packing, shipping, and storage of				
household goods or a mobile home and that not these restrictions is specifically waived.	o more	than 15,000 pound	ds gross weight will be approved unless any	
or those restrictions is specifically waived.				
7		8		
7 Dean or Director only		Date	9	
9. ACTION TAKEN: Approved up to a		•	ds	
☐ Approved in exces☐ Disapproved	os UI 15	,ooo pounas		
Remarks:				
1 0. By:Vice President		11 Da		
Vice President		Da	te	