



**REQUEST FOR AUTHORIZATION
 TO REIMBURSE RELOCATION EXPENSES**

AS521

Request Date _____

We request permission to reimburse moving expenses, in accordance with FASOP: AS-01 and PM-13 up to a maximum of \$ _____, to

Name	
LSU ID	Appt Date
Title	
College	
Department	
From (City, State)	
To (City, State)	
Anticipated Date (when relocation expenses will be incurred)	

Reimbursement is requested for:

- Professional books and equipment only
- Personal belongings and professional books and equipment
- Personal belongings only
- In-transit meals, lodging and mileage for the new employee in accordance with FASOP: AS-01 and PM-13.

The actual reimbursement will be based upon:

- Submission of at least three (3) bids from commercial movers and a paid receipt
- OR
- Submission of at least three (3) written quotes for rental of truck and equipment to be operated by the new employee and a paid receipt

Expenses should be charged to:

Spend Category	Program	Project	Gift	Grant	Additional Worktags	Amount

Approved by

 Department Head/Chair

 Printed Name

 Date

 Dean (optional)

 Printed Name

 Date

 Vice President (optional)

 Printed Name

 Date