



**REQUEST FOR AUTHORIZATION  
 TO REIMBURSE RELOCATION EXPENSES**

**AS521**

Request Date \_\_\_\_\_

We request permission to reimburse moving expenses, in accordance with FASOP: AS-01 and FASOP: AS-02 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 FASOP: AS-02.

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:

Account #	Trans Type	Object Code	Amount
	X		
	X		
	X		

Approved by

_____	_____	_____
Department Head/Chair	Printed Name	Date
_____	_____	_____
Dean (optional)	Printed Name	Date
_____	_____	_____
Vice Chancellor (optional)	Printed Name	Date