



Louisiana State University and A&M College

AS521
r 08/05

Request for Authorization to Reimburse Relocation Expenses

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

Table with 4 columns: Name, Rank/Title/Position, College, From (city/state). Includes Social Sec #, Appt Date, Department, to (city/state), and a note: *** Anticipated date relocation expense will be incurred

Reimbursement is requested for:

Table with 2 columns: Selection criteria (a-d) and description of expenses: personal belongings, professional books, in-transit meals, etc.

The actual reimbursement will be based upon:

Table with 2 columns: Selection criteria (OR/AND) and description of requirements: submission of bids, quotations, per diem rate, etc.

and charged to:

Table with 2 columns: Account Number/X/Object Code, Amount

Approved by _____ Date ____/____/____
Department Head/Chair

Optional Approvals

Dean _____ Date ____/____/____

Vice Chancellor _____ Date ____/____/____