

Submit completed form to Business Affairs - Financial Accounting & Analysis, prior to any expenses being incurred.

**New Employee Information**

Employee Name \_\_\_\_\_

OSU ID # \_\_\_\_\_

Position Title \_\_\_\_\_

Position # \_\_\_\_\_

Start Date \_\_\_\_\_

*Note: An employee must submit a request for reimbursement of relocation expenses within six months following their start date.*

Department Name and Address \_\_\_\_\_

Origin of Move (City/State) \_\_\_\_\_

Destination of Move (City/State) \_\_\_\_\_

Additional Comments:

**Budget Authority Approval**

Allowance (Indicated in Employee Offer Letter) \_\_\_\_\_

Source of Funds (Index) \_\_\_\_\_

Department Contact Name \_\_\_\_\_

Department Phone \_\_\_\_\_

Budget Authority Printed Name \_\_\_\_\_

Budget Authority Signature \_\_\_\_\_

Date \_\_\_\_\_

**OPAA Approval**

*If using gift, grant or contract funds, then approval by Office of Post Award Administration [OPAA] must be obtained*

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Refer to OSU FIS Manual 415 Relocation and Moving for policy, procedures and guidelines for processing relocation/moving reimbursements**

**Business Affairs Use Only**

Banner HRIS Set Up Verified: \_\_\_\_\_