



PROCUREMENT SERVICES

UNIVERSITY of WASHINGTON

Finance & Facilities

REQUEST FOR MOVING EXPENSES (A33)

Completed By Department

Employee's Name (Last, First, M.I.)		Employee ID (Optional)	
Title	Job Class	Appt. Start Date __ / __ / __	
UW Department			
Department Contact Name		Campus Box # 35	Campus Phone
Department Contact Email			

Completed By Department: Authorized Limits (Dollar Amount)

Limit for household goods	Budget #
Purchase Requisition #	

Completed By Employee

Estimated Dollar Value of Personal / Household Goods \$	Requested Pick-up Date
My move will be coordinated by the State contract movers. _____ Yes _____ No	I'll move myself and be reimbursed. _____ Yes _____ No
Current Home Address Street, Apt. City, State, Zip Country Email:	Current Phone Numbers HM WK
Destination Home Address (if known) Street, Apt. City, State, Zip Country	

EMPLOYEE AGREEMENT

I acknowledge receipt of a copy of the Moving Expense Regulations and Guide and agree to pay all costs that are in excess of those allowable costs set forth in the guide. I hereby authorize the amount of excess cost to be deducted from my next salary payment if I do not provide the state with payment for any portion of this household move which by regulation must be paid by the employee. I understand that payment is due within (30) days from the date of notice of excess charges.

If I terminate or cause termination of my employment from the University of Washington within one year (nine months for nine month academic personnel) of my appointment effective date, I agree to reimburse all previously paid moving costs to the University of Washington and further authorize the University to withhold any sums due me as part or full repayment of such costs in conformance with RCW 43.03.

Date	Employee Signature (Original, no fax or copies)
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UW APPROVALS

Date	Chair or Department Head
Date	Dean or Division Head