Louisiana State University
Office of Accounting Services
Accounts Payable & Travel
217 Thomas Boyd Hall

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