RESET ALL

FMIS - 17

UNIVERSITY OF HAWAII
RELOCATION ALLOWANCE REQUEST

(Shaded items represent information to be completed by Disbursing.)

Campus: MA

Date: 05 / 06 / 02 (MM/DD/YY)

☑ Partial Payment ☐ Final Payment

DOCUMENT NUMBER N_____

APPOINTEE'S NAME (Last Name, First Name, Middle Initial)	SOCIAL SECURITY NUMBER	DEPARTMENT	P/R NO.

VENDOR CODE	VOUCHER NO.	ACCOUNT CODE	SUB CODE	TYPE	P/F/N	AMOUNT
			4891	0		
			4892	0		
				TOTAL		$ 0.00

APPOINTEE'S TITLE	RANK	B.U.	APPOINTMENT DATE	DATE DEPARTED	DATE ARRIVED
			/ /	/ /	/ /

ADDRESS FROM WHICH RELOCATED (Street Address, City, State, Zip Code)

ALLOWABLE RELOCATION EXPENSES (Reportable/Non Taxable)

AIRFARE: Appointee (Spouse & Dependents) _____

MILEAGE: _____ miles X $ _____ = B.U. rate _____

LODGING: _____

SHIPPING COST: Personal Effects and Professional Materials _____

TAXI, PARKING FEES, etc.: _____

SUB TOTAL: ALLOWABLE EXPENSES $ 0.00

EXCEPTION RELOCATION EXPENSES (Reportable/Taxable)

*Exception Approval Required, may be subject to Federal, State, FICA, & Medicare withholding.

OTHERS: _____ _____

_____ _____

SUB TOTAL: EXCEPTION EXPENSES $ 0.00

TOTAL RELOCATION ALLOWANCE $ 0.00

**Limited to authorized ceiling, overage requires Excess Approval

PREPARED BY: _____ / / PROGRAM HEAD DATE

APPROVED BY: _____ / / DEAN/DIRECTOR DATE

_____ / / FISCAL OFFICER DATE

****EXCESS ALLOWANCE APPROVAL (ATTACH JUSTIFICATION):**

_____ / / VICE PRESIDENT/SENIOR VICE PRESIDENT/CHANCELLORS DATE

***EXCEPTION ALLOWANCE APPROVAL (ATTACH JUSTIFICATION):**

_____ / / SENIOR VICE PRESIDENT FOR ADMINISTRATION DATE

Origination Date: 3/23/95

Revision Date: 04/28/02