

**RELOCATION ALLOWANCE
RECEIPT, ACKNOWLEDGMENT AND AGREEMENT STATEMENT**

I, _____ acknowledge receipt of
Check No. _____ for the amount of \$_____ for
relocation expenses incurred. I also understand and agree to reimburse the University for
the full amount, if I am not able to complete a full year of service at the new location.

Signature of Appointee

Date

Approving Authority
(Print or Type Name)

Signature of Approving Authority

Date

Fiscal Officer
(Print or Type Name)

Signature of Fiscal Officer

Date