RESET FORM

E DOC NUMBER

_____

DISB-17B
(REV 042920 ADA)

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 12 months of service at the new location.

	Signature of Appointee	Date
Approving Authority (Print or Type Name)	Signature of Approving Authority	Date
Fiscal Authority (Print or Type Name)	Signature of Fiscal Authority	Date

ORIGINAL DOCUMENT TO BE KEPT ON FILE BY HIRING DEPARTMENT