

**NORTH DAKOTA STATE UNIVERSITY**  
**REQUEST TO REIMBURSE MOVING EXPENSES**  
 (Submit in Triplicate)

Permission is requested to reimburse moving expenses for:

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Job Title

\_\_\_\_\_  
 Department

Estimated expenses will not exceed \$\_\_\_\_\_.  
 (Limited to invoice cost or one-half month's beginning salary, whichever is lesser).  
 Funds are available from:

Salary Savings

Position No.	Fund No.	Dept. No.	TCC No.	Project No.
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Operating Expenses

Fund No.	Dept. No.	TCC No.	Project No.
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Date	Dept./Administrative Head
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Date	Dean/Director	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
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Date	Vice President for Academic Affairs	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
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