

**MOVING REIMBURSEMENT REQUEST
FLORIDA COMMUNITY COLLEGE AT JACKSONVILLE**

PART I - (To be completed by new employee)

Employee Name _____ Social Security # _____
Please Print

Mailing Address _____

Expenses: (Maximum amount to be reimbursed for moving and associated travel expenses: \$3000.00)

Airline Ticket \$ _____ (one-way to Jacksonville, employee only)
or
One-Way Mileage \$ _____ (.44.5 cents per mile, effective 7/1/06)
Mover \$ _____ (house-hold goods)
Lodging \$ _____ (maximum two nights lodging)
Meals \$ _____ (maximum two days @ \$36.00 per day, effective 7/1/06)
TOTAL: \$ _____

New Employee Agreement - (To be signed by employee)

In consideration of the reimbursement for moving and associated travel expenses as provided by Florida Community College at Jacksonville in connection with my employment, I agree in the event I do not remain for one full year (12 month period), any moving expense payment shall be recovered from me as a debt due Florida Community College at Jacksonville on a pro-rata daily basis, and I hereby authorize this amount to be withheld from my final paycheck.

Employee Signature

Date

PART II - (To be completed by the Budget Office)

Position Title _____ Position Code _____
Annual Salary \$ _____

Approved by AVP of Financial Services

Date

Budget Number 163280/59506