

DISB - 17B

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 Authority
(Print or Type Name)_____
Signature of Fiscal Authority_____
Date