

Medical College of Georgia

Relocation Expense Authorization (REA) Form

(This form is required when a department elects to reimburse a new employee for his/her relocation/moving expenses and must be completed, approved and submitted to Human Resources for classified employees and the applicable Dean's Office for faculty positions in order for this commitment to be included in the written offer of employment.)

EMPLOYEE INFORMATION

Employee Name _____ Title _____

Hiring Department _____ Hire Date _____

Department Contact Name _____ Department Phone Number _____

RELOCATION EXPENSE AUTHORIZATION

		Distribution (\$\$)
Funding CFC #1	_____	
	<i>Fund - Department - Program - Class - Project</i>	
Funding CFC #2	_____	
	<i>Fund - Department - Program - Class - Project</i>	
Funding CFC #3	_____	
	<i>Fund - Department - Program - Class - Project</i>	
<i>If additional CFCs are to be used, please attach additional form.</i>		
Maximum Reimbursement Requested		_____
Fiscal Year		_____

CERTIFICATION AND APPROVAL

I certify that my department will cover the relocation & moving expenses for the above named individual from the fund source(s) specified. Any reimbursement will be made in accordance with the MCG Relocation & Expense Policy.

Department Head Signature and Date _____

Dean/Vice President Signature and Date _____
(Required for faculty positions)

BUDGET, PLANNING & ANALYSIS AND SPONSORED PROGRAM ADMINISTRATION APPROVAL

The fund source(s) specified above are adequate to cover the amount requested.

BPA Signature and Date _____

SPA Signature and Date _____

For HR Use Only:

Moving Allowance per
Offer Letter _____

Routed Copy of
Form to Hiring
Department _____

HR Signature

Date

***A copy of this form must be submitted to Payroll with the Request for Reimbursement of Relocation Expenses.**