Lehigh University Payroll Office
Moving Expenses Advance Request
- Faculty and Staff -

The University may reimburse moving expenses for new employees based upon the terms of the Moving Expense Procedure found in the Payroll Section of the Controller’s Office webpage. The terms of the reimbursement may vary from employee to employee. Typically, any such reimbursements are paid to a newly hired employee after his/her first day of employment with the University by University check. If a newly hired employee would like to receive some or all of the designated moving expense reimbursement as a lump sum payment in advance of his/her first day of employment at the University, he/she must request an advance by completing this form.

In order for this Moving Expenses Advance Request to be granted, the requesting employee must receive approval in accordance with Part II of this form.

Part I: To be completed by the requesting employee. The requesting employee should also attach to this form (1) a copy of his/her employment offer letter (with the salary blackened out) indicating the terms of the reimbursement, and (2) estimates (e.g., from moving companies), invoices, and/or other documents that substantiate the full “Amount Requested” below.

As described in my employment offer letter, Lehigh University has agreed to reimburse me for my relocation moving expenses associated with my future employment at the University. However, I hereby request that some or all of my moving expenses reimbursement be provided to me in advance of my first day of employment at the University.

In the event that, without an explanation acceptable to or specific written approval from the University, I do not arrive at the University to begin to fulfill my responsibilities by the start date indicated in my offer letter, I hereby promise to repay this advance in full at 0% annual interest no later than 7 days from the start date identified in my offer letter.

In addition to this Moving Expenses Advance Request, I understand that I must comply with the University’s Moving Expense Procedure (found in the Payroll section of the Controller’s Office web page) and that I must complete and submit to the University’s Payroll Office a Moving Expense Summary Form and related documentation.

**Anticipated Date of Expense(s):** ______________________________

**Advance Requested By (date)1:** ______________________________

**Amount Requested2:** $____________________________

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1 Advances will not be issued more thirty (30) days prior to the date upon which the requesting employee expects to begin to incur moving expenses.

2 The amount requested may not exceed the lesser of the amount authorized in the employment offer letter or $10,000.
Remit Check To: (name and address)  

____________________________________  

____________________________________  

LIN/SSN:  

____________________________________  

Department:  

____________________________________  

Signed:  

____________________________________  

Date:  

____________________________________  

Part II: To be completed by the individuals whose approvals are required as indicated below.

A moving expenses advance may be extended to a newly hired employee if sufficient funds are available in the hiring department/center/office’s budget to do so and if the advance is reasonably calculated so as not to exceed the amount of anticipated moving expenses by the requesting employee. The Banner index below will be charged for the full amount of the advance, even if the requesting employee fails to arrive for his/her appointment at the University and fails to repay this advance to the University.

Required signatures and approvals:
Supervisor
Signed:  

____________________________________  Date:  

Department Head or Department Chair
Index to be Charged for Advance:  

____________________________________  

Signed:  

____________________________________  Date:  

Dean (required only for academic departments)
Signed:  

____________________________________  Date:  

Provost (required only for academic departments)
Signed:  

____________________________________  Date:  

Return the completed form to: Payroll Office, 524 Brodhead Avenue