

**SOUTHERN POLYTECHNIC STATE UNIVERSITY
RELOCATION CHECK REQUEST FORM**

Employee Name: _____

Address: _____ **City, State & Zip:** _____

SSN or Employee ID#: _____ **Date Submitted:** _____

Paying Department Account #: _____ **Reimbursement Amount:** _____

Department: Attach all original receipts, a copy of the approved Relocation Request Form, and a copy of the offer letter with this form for approval.

APPROVAL SECTION

Department Head Name: _____

Signature: _____ **Date:** _____

Dean Name (if applicable): _____

Signature: _____ **Date:** _____

Vice President Name: _____

Signature: _____ **Date:** _____

FOR COMPTROLLER OFFICE USE ONLY

Gross Taxable Payment Amount: _____ *(To be processed through Payroll)*

Gross Non-Taxable Payment Amount: _____ *(To be processed through Accounts Payable)*