RESEARCH CORPORATION
OF THE UNIVERSITY OF HAWAII
RELOCATION ALLOWANCE REQUEST

Campus: _____

Date: __/__/__
(MM/DD/YY)

☐ Partial Payment ☐ Final Payment

DOCUMENT NUMBER

APPOINTEE'S NAME (Last Name, First Name, Middle Initial)	SOCIAL SECURITY NUMBER	DEPARTMENT

		ACCOUNT CODE	BUD CAT		P/F/N	AMOUNT
					TOTAL	$

APPOINTEE'S TITLE	APPOINTMENT DATE	DATE DEPARTED	DATE ARRIVED
	/ /	/ /	/ /

ADDRESS FROM WHICH RELOCATED (Street Address, City, State, Zip Code)

ALLOWABLE/DEDUCTIBLE EXPENSES (Reportable/Non Taxable)

AIRFARE: Appointee (Spouse & Dependents) _____

MILEAGE: _____miles X $ _____ = B.U. rate _____
Attach Mileage Form

LODGING: _____

SHIPPING COST: Personal Effects and Professional Materials _____

TAXI, PARKING FEES, etc.: _____

SUB TOTAL: ALLOWABLE EXPENSES $ _____

NONDEDUCTIBLE RELOCATION EXPENSES (Reportable/Taxable)
Attach Sponsor Approval, may be subject to Federal, State, FICA, & Medicare withholding

OTHERS: _____ _____

_____ _____

SUB TOTAL: EXCEPTION EXPENSES $ _____

TOTAL RELOCATION ALLOWANCE $ _____

SUBMITTED BY: _____ / / _____
APPOINTEE DATE

APPROVED BY: _____ / / _____
PRINCIPAL INVESTIGATOR DATE

_____ / / _____
FISCAL OFFICER DATE

1. COMPLETE PAYMENT DOCUMENT
2. OBTAIN REQUIRED SIGNATURES AND ATTACH APPLICABLE INVOICES, RECEIPTS, ETC.
3. FORWARD TO YOUR FISCAL OFFICE

Form-17 (02/01/03)