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**RELOCATION ASSISTANCE ALLOWANCE FORM**

**Date:** … … … … … … … … …

**Name of Payee:** … … … … … … … … … … … … … … … … … … … … … … … … … … … …

**Surname in BLOCK capitals Initials Title**

**Staff Number:**……………………… **Employment Start Date** ../../…. **Relocation Allowance**  £……….

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| **Supporting Documentation/ORIGINAL receipts MUST be attached** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date** | **Details** | | | | | | | | | | | | | | | | | | | | | | | **£** | | | | | | **p** | | |
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| **To be completed by Claimant**  I certify that the expenditure detailed  above has been incurred by me in line  with the University’s Relocation Policy  Signed … … … … … … … … … … … Dated … … … … … … | | | | | | | | | | | | **Total** | | | | | | | | | | | |  | | | | | |  | | |  |
| To be completed by Authorised Signatory I authorise payment of this claim and | | | | **Reference**  **Order No.** |  | | | | | | |  | | | | |  | | | | |  | |  | | | | | | |  | |
| Confirm it complies with University  Regulations | | | |  | **TC** | | | | | | |  | | | | |  | | | | |  | | **£** | | | | | | | **P** | |
|  | | | | **Code** |  |  |  |  |  | |  | |  |  |  | | |  |  | |  | |  | |  | | |  | | | | |
| Signed … … … … … … … … … … … … | | | |  |  |  |  |  |  | |  | |  |  |  | | |  |  | |  | |  | |  | | |  | | | | |
| Dated … … … … … … … … … … … … | | | |  |  |  |  |  |  | |  | |  |  |  | | |  |  | |  | |  | |  | | |  | | | | |
|  | | | |  | Below this line, Finance Dept. use only | | | | | | | | | | | | | | | | | | | | |  | | | | | |  |
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|  | | | | Passed for Payment |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | | | |  |

Recruitment/Relocation/Relocation Assistance Allowance Form

June 2009