



## Payroll Services

### Payment of Reasonable Estimated Moving and Relocation Expenses Without Documentation

Employee ID	Rec #	Name (Last, First, MI)	Payroll Earnings ID	Pay Period (MM/YY)	Pay issued from this submittal MUST have chartfield				Total \$AMT
					Fund	Org	Class	Account	
			9R2		-		-		
			9R2		-		-		
			9R2		-		-		
			9R2		-		-		
			9R2		-		-		
			9R2		-		-		
			9R2		-		-		

Do any of the payment requests range from \$2,501 up to \$10,000?  Yes  No *If yes, requires the VP for the applicable Division's approval.*

Do any of the payment requests range from \$10,000 or more?  Yes  No *If yes, requires the President's approval.*

**Payment request initiated by HR Consultant or Faculty Affairs Designee, as applicable.**

HR Consultant/Faculty Affairs Designee Name	HR Consultant/Faculty Affairs Designee Signature	Date Signed

**Payment authorization of Manager/Dean/AVP, as applicable.**

Manager/Dean/AVP Name	Manager/Dean/AVP Signature	Date Signed

**Payment authorization of Vice President for the applicable Division.**

Vice President Name	Vice President Signature	Date Signed

**Payment authorization of the President.**

President Name	President Signature	Date Signed

Form to be completed electronically and submitted with a copy of the new hire letter to payrollservices@mail.fresnostate.edu. Retain copies of documents for department files.