

DISB-17B

**RELOCATION ALLOWANCE
RECEIPT, ACKNOWLEDGMENT AND AGREEMENT STATEMENT**

I, _____ acknowledge receipt of check } o. _____ for the amount of \$ _____ for relocation expenses incurred. I also understand and agree to reimburse the University for the full amount, if I am not able to complete 12 months of service at the new location.

Signature of Appointee

Date

Approving Authority
(Print or Type Name)

Signature of Approving Authority

Date

Fiscal Authority
(Print or Type Name)

Signature of Fiscal Authority

Date