

Kenyon College
Moving Allowance Payment Form

Name: _____

Street: _____

City, State, & Zip: _____

Date: _____ Account charged: _____

Moving from (City/State): _____

This should be the address to which your appointment letter/contract was issued.

Total number of miles moved _____

(Please attach proof of the number of miles moved such as a MapQuest document.)

TOTAL MOVING ALLOWANCE TO BE PAID:

\$

The greater of:

\$1,000 (minimum)

OR

Number of miles moved x \$2.00 per mile (maximum \$4,000)

Employee Signature

Senior Staff Signature

Send completed form to: Faculty return to Jalene Fox, Provost Office, Bailey House
Exempt Staff return to Amanda Moran, Payroll, Eaton Center