**Kenyon College**

**Moving Allowance Payment Form**

**Name:**

**Street:**

**City, State, & Zip:**

**Date:**  **Account charged:**

**Moving from (City/Sate):**

*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