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 Cathy Riel, Payroll, Eaton Center