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