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Department

Email Foundation Controller 39e53p(81J3553p(3e5uHc34 4t58)5x46 4750.213 0 /TD #MCID a)-54t7/M

Department

Make offer to employee and include reimbursement of moving expenses if Foundation verifies funds are available.

Department

Employee

Department

Department

Department

Department

Payroll

Foundation

Send reimbursement to Payroll

### AGREEMENT FOR REIMBURSEMENT OF MOVING EXPENSES

THIS AGREEMENT is made and entered into by and between Wichita State University  
(Name of Agency)

at \_\_\_\_\_, an agency of the State of Kansas, Party of the First Part, hereinafter called  
(Location of Position) (1)

Agency, and \_\_\_\_\_, of \_\_\_\_\_,  
(Name of Employee) (WSU ID) (Last 4 # of SSN) (City and State) (2)

Party of the Second Part, hereinafter called

Employee. WITNESSETH: That

WHEREAS, the Agency has engaged/transferred employee as \_\_\_\_\_ and employee has  
(Position)

accepted such employment/transfer which became effective ; \_\_\_\_\_ and  
(Effective Date)

WHEREAS, The Agency tendered this offer of reimbursement of moving and relocation expenses to employee as an inducement to accept employment/transfer, to the extent authorized by the Agency head, not to exceed maximum amounts provided by law, and employee desires such reimbursement.

As a condition of this Agreement, employee agrees that if such employee leaves employment within one year from the beginning date of employment/transfer, such employee will reimburse to the Agency the full amount paid to him/her for moving and relocation expenses and such obligation to so repay shall constitute and be considered a lien and setoff by the state against such employee's unpaid wages or salary, all as provided by K.S.A., 75-3225 and K.S.A. 75-3207.

WITNESS our hands this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Agency

By: \_\_\_\_\_

\_\_\_\_\_  
Designated Official  
(Party of the First Part)

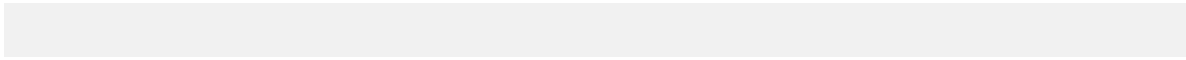
\_\_\_\_\_  
Employee  
(Party of the Second Part)

Include this worksheet along with required receipts and Moving Expense Agreement ( )

Employee Name: \_\_\_\_\_

Expense Description		Amount
Airfare		
Car Mileage	Miles: \$0.575 per mile (**)	
Car Rental		
Car Rental Fuel		
Meals		
Moving Company		
Moving Truck Rental		
Moving Truck Fuel		
Packing Material		
Parking		
Self-Move Container		
Storage		
Other		
Other		
Other		
Other		
Other		
Other		
Other		
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Other		
Other		
Other		
Other		
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Other		
Other		
Other		
Other		
		\$ -

\*\*[Click here for current Standard Mileage Rates](#)



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# Wichita State University

Payroll Office, 201 Jardine Hall

## EMPLOYEE INFORMATION

Name: \_\_\_\_\_

WSU ID \_\_\_\_\_ Last 4 digits of Employee SSN: \_\_\_\_\_

TAXABLE INCOME TO BE ISSUED ON PAY CHECK: \$ \_\_\_\_\_

### *Payroll Use Only*

Add: Employer payroll taxes \$ \_\_\_\_\_

\$ \_\_\_\_\_