



UNIVERSITY OF
SOUTH FLORIDA®

Moving Allowance Request Form

University Controller's Office – Payroll

Phone (813) 974-7955

Fax (813) 974-5084

Email UCO_Payroll_Processing@usf.edu

Date Request Submitted to Payroll

New Request

Change to Original Request

Cancellation of Request

Employee Name

GEMS ID

Job Record

Telephone

Email

Pay Period Allowance to be Paid

Pay Ending Date

Allowance Amount Requested

Combo Code

(must have 50450 GL)

Department Name

Department Number

Department Contact

Email

Employee Signature & Date

Dean/Director Signature & Date