



UNIVERSITY OF BRITISH COLUMBIA

RELOCATION REIMBURSEMENT CLAIM FORM
(POLICY #82, RELOCATION OF FACULTY MEMBERS AND SENIOR MANAGEMENT STAFF)

Name Employee ID#
Faculty or Department Start Date
Job Title Duration of Employment
Actual Date of Relocation
Previous residence (City, Country)
Accompanying family : Spouse Dependants Number of Dependants

Salary Source: GPOF Grant
Total relocation cost \$
Amount of relocation cost, if any, reimbursed by non-GPOF sources \$
Total cost of Pre-Move Travel or Post-Move Temporary Lodging \$
Total relocation travel cost (excluding Pre-Move Travel or Post-Move Temporary Lodging) \$
Taxable Benefits (T4A required): Immigration Fee- \$

I hereby certify that the following Faculty Relocation claim is in accordance with UBC Policy #82
Administrative Head of Unit's Printed Name
Administrative Head of Unit's Signature
Responsible Executive's Signature (if required)
Notes from Responsible Executive (Approved Exceptions)

Date Direct inquiries to

Questions about the revised relocation policy may be directed to Natasha Malloff at natasha.malloff@ubc.ca or Joyce Wei at joyce.wei@ubc.ca in Human Resources.

Questions pertaining to Purchase Requisitions or Purchase Orders for specific relocations maybe directed to Supply Management at Purchase.requisitions@ubc.ca.