## UNSECURED PROMISSORY NOTE FOR MOVING EXPENSE **Do NOT Email** (Form Contains Sensitive Data)

## Original, completed and signed Request for Moving and Relocation Advance (PeoplePay form) must be attached.

PERSONAL INFORMATION										
ast Name:		First Name:				Middle Name:			:	
Social Security Number:	UMID:				Depar	tment:	1			
PROMISSORY NOTE AGREEMENT					<u> </u>					
In consideration of the advance to me for moving expenses by the University of Michigan in the sum of										
Dollars (\$)										
To facilitate my employment with the University, I										
To the extent that such a portion exists, I authorize the University Payroll Office to deduct the full amount thereof from my first regularly scheduled paycheck after the 90-day period from the signature date of the Promissory Note. If it is necessary to deduct the amount over several paychecks to comply with the State of Michigan regulations, I authorize the University Payroll Office to deduct equal installments until the full amount is recovered.										
Name (please print)										
Signature of Faculty/Staff Member:							Date:			
Address:	City: Sta						: Zip Code:			
Check mailed to above address: Yes No Payro					ickup:		Yes	No		
University Department:							Shortcode:			
Campus Address:	Campus Zip:						Campus Phone:			
Department Contact (please print):							Telephone:			
INSTRUCTIONS FOR COMPLETING THE PROMISSORY NOTE										
Standard Practice Guide for reference: SPG 201.68 – Moving and Relocation Exper	nses									
Related Forms: Request for Moving and Relocation Advance Reimbursement/Reconciliation of Moving a		• •	s Form -	- PeoplePa	iy					
Guidelines for using this form:										
<b>Department Administrator:</b> Send PDF file with the address to which they return the form. Send <b>original copy of Promissory No</b> 3003 South State Street, Ann Arbor, MI 48	form. When <b>ote</b> , plus one	signed form	n is retu	rned, com	plete Re	equest f	or Movi	ng and	Relocation Advance	
<b>Faculty/Staff Member:</b> Complete the nam moving costs, to the address provided by t to the move. Original receipts should be su	he departme	ent adminis	trator. l	Jse your le	egal nan	ne in the	e name i	fields. S	Save all receipts related	