

## Application form for moving costs allowance (moving obligation)

Please return this form accompanied by the necessary documentary to the department HR-Services, P.O. Box 72 AB Groningen, within 2 months after the date of your relocation.

Name: .....

Address: .....

Postcode and town/city: .....

Date of entry into employment: .....

Name of department or unit: .....

Personnel number: .....

Work address: .....

.....

E-mail address: .....

Telephone: .....

Bank account/IBAN bankcode: .....

---

### Information about your relocation:

Moving date: .....

Old address: .....

.....

How were your belongings moved?

- National moving by Mondial Movers
- International moving by Mondial Movers
- Rental car of Mondial Movers
- Rental trailer of Mondial Movers

In case you moved from abroad: how did you travel?

- By plane; please attach plane ticket
- By train; please attach train ticket
- Other : .....

!! If you choose to move your household effects with another moving company then the company appointed by the University of Groningen, the bill will not be paid by the University.

**See reverse (application form for moving costs allowance continues)**

Are you eligible for moving costs allowances from another employer? yes/no \*)  
 If so, from whom? .....  
 What is the amount of the allowance? .....

Is your partner eligible for a moving costs allowance? yes/no \*)  
 What is the amount of the allowance? .....

---

**Travel costs for family members arriving from abroad**

Has your Treasurer or manager approved reimbursement of travel costs from abroad for your family members? yes / no \*)

Date of approval: .....

*N.B. Please submit original invoices only (plane tickets, train tickets) to have travel costs from abroad for family members reimbursed*

\*) delete what is not applicable.

---

**Allowance for refurbishment costs (to be completed by HR-Services)**

Is the staff member entitled to an allowance for refurbishment costs? yes/no \*)

The contribution shall be: € x 12 x 108% x 12% = €

\*) delete what is not applicable.

---

**Reimbursement obligation**

*The staff member knows and understands that the allowance shall have to be paid back in the event that he/she resigns or is dismissed as a consequence of culpable facts or circumstances within two years of the relocation date.  
The allowance will also have to paid back in the event that it later emerges that the allowance was granted on the basis of incorrect information supplied by or on behalf of the staff member.  
Any additional tax assessment that may arise from this must be paid by the staff member.*

---

**Signature**

.....  
(Employee) .....  
(J. Stoffers-Dussel, HR-Services)

.....  
(Date) .....  
(Date)