

**TO:** County Programs Office  
Attn: Sharon Otholt  
Texas Cooperative Extension  
Wells Fargo, Suite 610

This is to verify that the “Procedures for Moving Expense Payment for County Staff Transferring Within Texas AgriLife Extension Service” has been provided to me and discussed by the District Extension Administrator/County Extension Director. I understand that I must follow these procedures exactly as outlined in order to receive a reimbursement payment for my moving expenses. I understand that I am entitled to a maximum reimbursement of \$\_\_\_\_\_ for moving expenses based on actual expenses.

\_\_\_\_\_  
(Agent Signature)

This is to certify that \_\_\_\_\_ was presented to the \_\_\_\_\_ County Commissioners’ Court on \_\_\_\_\_ and was approved by the Court for employment beginning \_\_\_\_\_. I have discussed the moving expense procedures and provided the new agent with a copy of the guidelines.

\_\_\_\_\_  
(DEA/CED Signature)

**Instructions:** Provide the transferring agent a copy of this signed form, scan into Laserfiche and put a copy into Sharon Otholt’s WIP folder and then place the original in the agents file.

**County Programs Office**  
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